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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

**DEPARTMENT OF EMPLOYMENT AND LABOUR**

**GENERAL NOTICE 1713 OF 2023**

# DOCTORS AND PATHOLOGY GAZETTE 2023

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REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
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**DEPARTMENT OF LABOUR**

**NOTICE:** **DATE:**

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASSES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED**

**ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.**

1. I, Thembelani Waltermade Nxesi, Minister of Employment and Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2023.

2. Medical Tariffs increase for 2023 is 4%

3. The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 April 2023 and Exclude 15% Vat.

.....

**Mr TW NXESI, MP**

**MINISTER OF EMPLOYMENT AND LABOUR**

24/01/2023

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## GENERAL INFORMATION ABOUT THE COMPENSATION FUND AND ITS MEDICAL SERVICES BENEFITS DIRECTORATE

### THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

Medical Service Providers are advised to take note of the following as it pertains to the treatment of patients in relation to the Compensation for Occupational Injuries and Diseases Act of 1993 (COID Act):

- An employee as defined in the COID Act of 1993, is at liberty to choose their preferred medical service provider and no interference with this is permitted, as long as it is exercised reasonably and without prejudice to the employee or the Compensation Fund.
  The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.
- In terms of section 42 of the COID Act of 1993, the Compensation Fund may refer an injured employee to a specialist medical practitioner designated by the Director General for a medical examination and report. Special fees are payable when this service is requested.
- In terms of section 76,3(b) of the COID Act of 1993, no amount in respect of medical expenses shall be recoverable from the employee.
- In the event of a change of a medical practitioner attending to a case, the first treating doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal treating doctor.
- To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the principal treating doctor. As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist for such a change.
- According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and liability for the claim is accepted by the Compensation Fund.
  - Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.
- An employee seeks medical advice at their own risk. If such an employee presents themselves to a medical practitioner as being entitled to treatment in terms of the COID Act of 1993, whilst having failed to inform their employer and/or the Compensation Fund of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for the settlement of medical expenses incurred.
- The Compensation Fund could also have reasons to repudiate a claim lodged with it, in such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

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- Proof of identity is required in the form of a copy of a South African Identity document/card, will be required in order for a claim to be registered with the Compensation Fund.
    - In the case of foreign nationals, the proof of identity (passport) must be certified.
- All supporting documentation submitted to the Compensation Fund must reflect the identity and claim number of the employee.
- The completion of medical reports cannot be claimed separately as they are inclusive in all medical tariffs.
- The tariff amounts published in the gazette guides for medical services rendered in terms of the COID Act do not include VAT. All invoices for services will therefore be assessed without VAT.
- VAT will therefore be calculated and applied without rounding off to invoices for service providers that have confirmed their VAT vendor status with the Compensation Fund by the submission of their VAT registration number.

**POPI COMPLIANCE**

In terms of Protection of Personal Information Act, 2013 (POPI Act), the Compensation Fund wants to assure Employees and the Medical Service Providers that all personal information collected is treated as private and confidential. The Compensation Fund has put in place the necessary safeguards and controls to maintain confidentiality, prevent loss, unauthorized access and damage to information by unauthorized parties.

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## OVERVIEW OF CLAIMS PROCESS WITHIN THE COMPENSATION FUND

All claims lodged in the prescribed manner with the Compensation Fund follow the process outlined below:

1. New claims are registered by the Employers with the Compensation Fund and the employer, if registered as a user on the online processing system is able to view claim details like the claim number allocated, and the progress of the claim online.
    a. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered with the Compensation Commissioner.
    b. Any enquiries related to a claim should be directed to the employer and or the nearest Labour Centre
2. If liability for a claim is accepted by the Compensation Fund in terms of the COID Act, reasonable medical expenses, related to the medical condition shall be paid to medical service providers that treat injured/diseased employee's. Reasonable medical expense shall be paid in line with its approved Tariffs and Billing rules and procedures, published annually in Government Gazettes.
3. If a claim is repudiated in terms of the COID Act, medical expenses for services rendered will not be paid by the Compensation Fund. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. In the case sufficient information pertaining to a claim is unavailable after registration thereof, the status of the claim will be rejected until the outstanding information is submitted and liability of the claim can be determined. Depending on the outcome, the invoices from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to the non-submission of outstanding information.
5. The Compensation Fund will only pay reasonable medical expenses for treatment of the condition that liability has been accepted and will not pay for any other unrelated treatment.

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## MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS WITH THE COMPENSATION FUND

The Compensation Fund requires that any Medical Service Provider who seeks to treat patients in terms of the COID Act must register their details including their banking details with the Compensation Fund. They must thereafter register as a user of the online processing system.

The steps that are to be followed are detailed hereunder:

### REGISTERING WITH THE COMPENSATION FUND AS A MEDICAL SERVICE PROVIDER TREATING INJURED/DISEASED EMPLOYEES

1. Copies of the following documents must be submitted:
    a. A certified identity document of the practitioner
    b. Certified valid BHF certificate
    c. Bank Statement not older than one month with a bank stamp.
    d. Proof of address not older than 3 months.
    e. Submit SARS Vat registration number document where applicable. If this is not provided the Medical Service Provider will be registered as a Non VAT vendor.
    f. Submit proof of dispensing licence where applicable.
2. A duly completed original Banking Details form (W.aC 33) that can be downloaded in PDF from the Department of Employment and Labour Website ( www.labour.gov.za ). Please note on completion this form must contain the relevant bank stamp.
3. Submit the following additional information on the Medical Service Provider letterhead, Cell phone number, Business contact number, Postal address, Email address. The Fund must be notified in writing of any changes in order to effect necessary changes on the systems.
4. The name of the switching house that submit invoices on behalf of the medical service provider.
5. These documents must be handed in to the nearest Labour centre for capturing.

**Kindly take note of the following:** All medical service providers will be subjected to the Compensation Fund vetting processes.

### REGISTERING WITH THE COMPENSATION FUND AS AN ONLINE SYSTEM USER FOR MEDICAL SERVICE PROVIDER

To become an online user of the claims processing system Medical Service Providers must follow the following steps.

1. Register as an online user with the Department of Employment and Labour on its website ( www.labour.gov.za )

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2. Register on the CompEasy application
    a. The following documents must be at hand to upload
        i. A certified copy of identity document (not older than a month from the date of application)
        ii. Certified valid BHF certificate
        iii. Proof of address not older than 3 months
    b. In the case where a medical service provider wishes to appoint a proxy to interact on the claims processing system the following ADDITIONAL documents must be uploaded
        i. An appointment letter for proxy (the template is available online)
        ii. The proxy's certified identity document (not older than a month from the date of application)
3. There is an online instructions to guide a user on registering as an online user (www.compeasy.gov.za )

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## BILLING PROCEDURE TO BE ADHERED TO WHEN BILLING FOR MEDICAL SERVICES PROVIDED TO INJURED/DISEASED EMPLOYEES

1. All service providers should be registered on the Compensation Fund claims processing system in order to capture medical invoices and reports for medical services rendered.
2. Prior to submitting, uploading or switching medical invoices and supporting reports, medical service providers should ensure that the claim is one that the Compensation Fund has accepted liability for and therefore reasonable medical expenses can be paid.
3. Medical Reports:
    a. The first medical report (W. CL 4), completed after the first consultation must confirm the **clinical** description of the injury/disease. It must also detail any procedure performed and also any referrals to other medical service providers where applicable.
    b. All follow up consultations must be completed on a Progress Medical Report (W.CL5). It must also detail any operation/procedure performed and also any referrals to other medical service providers where applicable.
        i. A progress medical report is considered to cover a period of 30 days, with the exception where a procedure was performed during that period then an additional operation report will be required.
        ii. Only one medical report is required when multiple procedures are done on the same service date.
    c. When the injury/disease being treated stabilises a Final Medical Report must be completed (W.CL 5F).
    d. Medical Service Providers are required to keep copies of medical reports which should be made available to the Compensation Commissioner on request.
4. Medical Invoices
    a. The Compensation Fund allows the submission of invoices in 3 different formats, the use of a switching house, directly uploading the invoice onto the processing application and the receipt of manual invoices by Labour Centre's. The former two are encouraged for Medical Service Providers to use, whilst the last form is for Medical Service Providers who have a small amount of invoices to submit.
    b. Medical invoices should be switched to the Compensation Fund using the attached **format or electronic invoicing file layout**. It must be noted that the corresponding medical report must be uploaded online prior to the invoice data being switched, to avoid systematic rejections on receipt.
    c. The processing system has an online guide available to guide Medical Service Providers for the direct uploading of invoice on the application.
    d. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still partially or wholly outstanding with no reason indicated, after 60 days following submission, the service provider should complete an enquiry form, W.CI 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website (www.labour.gov.za)

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e. Manual invoices and their corresponding medical reports must be handed in to the nearest labour centre.

5. The progress status of successfully submitted invoices can be viewed on the Compensation Fund online portal/APP.
6. If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount.
7. If a medical service provider claims an amount more than the published tariff amount for a code, the Compensation Fund will only pay the Gazetted amount.

**NOTE: Templates of the following medical forms are available on the Department of Employment and Labour website (www.labour.gov.za)**
**First Medical Report (W.CL 4)**
**Progress/Final Medical Report (W.CL 5 / W.CL 5)**

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## MINIMUM OF INFORMATION TO BE INCLUDED ON MEDICAL INVOICES SUBMITTED TO THE COMPENSATION FUND:

The following must be indicated on a medical invoice in order to be processed by the Compensation Fund

1. The allocated Compensation Fund claim number
2. Name and ID number of employee
3. Name and Compensation Fund registration number, as indicated on the corresponding Employers Report of Accident (W.CL 2), for switched invoices
4. DATES:
   a. Date of accident
   b. Date of service (From and To)
5. Medical Service Provider BHF practice number
6. VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the invoice)
7. Tariff Codes:
   a. Tariff code applicable to injury/disease as in the official published tariff guides
   b. Amount claimed per code and the total of the invoice
8. VAT:
   a. The tariff amounts published in the tariff guides to medical services rendered in terms of the COID Act of 1993 do not include VAT. All invoices for services rendered will be assessed without VAT. Only if it is indicated that the service provider is registered as a VAT vendor and a VAT registration number is provided, will VAT be calculated and added to the payment, without being rounded off.
   b. The only exception is the "per diem" tariffs for Private Hospitals that already include VAT.
   c. Please note that there are VAT exempted codes in the Private Ambulance tariff structure.
9. All pharmacy or medication invoices must be accompanied by the original scripts
10. Where applicable the referral letter from the treating practitioner must accompany the medical service providers' invoice.
11. All medical invoices must be submitted with invoice numbers to prevent system rejections. Duplicate invoices should not be submitted.

**PLEASE NOTE: The Compensation Fund will withhold payments if medical invoices do not comply with minimum submission and billing requirements as published in the Government Gazette**

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## REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

**The switching provider / third party must comply with the following requirements:**

1. Register with the Compensation Fund as an employer.
2. Host a secure FTP (or SFTP) server to ensure encrypted connectivity with the Fund. This requires that they ensure the following:
    a. Disable Standard FTP because is now obsolete. ...and use latest version and reinforce FTPS protocols and TLS protocols
    b. Use Strong Encryption and Hashing.
    c. Place Behind a Gateway.
    d. Implement IP Blacklists and Whitelists.
    e. Harden Your FTPS Server.
    f. Utilize Good Account Management.
    g. Use Strong Passwords.
    h. Implement File and Folder Security
    i. Secure your administrator, and require staff to use multifactor authentication
3. Submit and complete successful test file after registration before switching the invoices.
4. Validate medical service provider's registration with the Board of Healthcare Funders of South Africa.
5. Submit medical invoices with gazetted COIDA tariffs that are published annually.
6. Comply with medical billing requirements of the Compensation Fund.
7. Single batch submitted must have a maximum of 100 medical invoices.
8. Eliminate duplicate invoices before switching to the Fund.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Third parties must submit a power of attorney.
13. Submit any information/documentation requested by the Fund.
14. Only pharmacies should claim from the NAPPI file.

**Failure to comply with the above requirements will result in deregistration / penalty imposed on the switching house.**

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## COMPEASY ELECTRONIC INVOICING FILE LAYOUT

| FIELD | DESCRIPTION | Max Length | DATA TYPE | MANDATORY |
|---|---|---|---|---|
| BATCH HEADER | | | | |
| 1 | Header identifier = 1 | 1 | Numeric | * |
| 2 | Switch internal Medical aid reference number | 5 | Alpha | |
| 3 | Transaction type = M | 1 | Alpha | |
| 4 | Switch administrator number | 3 | Numeric | |
| 5 | Batch number | 9 | Numeric | * |
| 6 | Batch date (CCYYMMDD) | 8 | Date | * |
| 7 | Scheme name | 40 | Alpha | * |
| 8 | Switch internal | 1 | Numeric | |
| DETAIL LINES | | | | |
| 1 | Transaction identifier = M | 1 | Alpha | * |
| 2 | Batch sequence number | 10 | Numeric | * |
| 3 | Switch transaction number | 10 | Numeric | * |
| 4 | Switch internal | 3 | Numeric | |
| 5 | CF Claim number | 20 | Alpha | * |
| 6 | Employee surname | 20 | Alpha | * |
| 7 | Employee Initials | 3 | Alpha | * |
| 8 | Employee Names | 20 | Alpha | * |
| 9 | BHF Practice number | 15 | Alpha | * |
| 10 | Switch ID | 3 | Numeric | |
| 11 | Patient reference number (account number) | 11 | Alpha | * |
| 12 | Type of service | 1 | Alpha | |
| 13 | Service date (CCYYMMDD) | 8 | Date | * |
| 14 | Quantity / Time in minutes | 7 | Decimal | * |
| 15 | Service amount | 15 | Decimal | * |
| 16 | Discount amount | 15 | Decimal | * |
| 17 | Description | 30 | Alpha | * |
| 18 | Tariff | 10 | Alpha | * |
| 19 | Service fee | 1 | Numeric | |
| 20 | Modifier 1 | 5 | Alpha | |
| 21 | Modifier 2 | 5 | Alpha | |
| 22 | Modifier 3 | 5 | Alpha | |
| 23 | Modifier 4 | 5 | Alpha | |
| 24 | Invoice Number | 10 | Alpha | * |
| 25 | Practice name | 40 | Alpha | * |
| 26 | Referring doctor's BHF practice number | 15 | Alpha | |
| 27 | Medicine code (NAPPI CODE) | 15 | Alpha | * |
| 28 | Doctor practice number - sReferredTo | 30 | Numeric | |

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| | | | | |
|---|---|---|---|---|
| 29 | Date of birth / ID number | 13 | Numeric | * |
| 30 | Service Switch transaction number – batch number | 20 | Alpha | |
| 31 | Hospital indicator | 1 | Alpha | * |
| 32 | Authorisation number | 21 | Alpha | * |
| 33 | Resubmission flag | 5 | Alpha | * |
| 34 | Diagnostic codes | 64 | Alpha | * |
| 35 | Treating Doctor BHF practice number | 9 | Alpha | |
| 36 | Dosage duration (for medicine) | 4 | Alpha | |
| 37 | Tooth numbers | | Alpha | * |
| 38 | Gender (M, F) | 1 | Alpha | |
| 39 | HPCSA number | 15 | Alpha | |
| 40 | Diagnostic code type | 1 | Alpha | |
| 41 | Tariff code type | 1 | Alpha | |
| 42 | CPT code / CDT code | 8 | Numeric | |
| 43 | Free Text | 250 | Alpha | |
| 44 | Place of service | 2 | Numeric | * |
| 45 | Batch number | 10 | Numeric | |
| 46 | Switch Medical scheme identifier | 5 | Alpha | |
| 47 | Referring Doctor's HPCSA number | 15 | Alpha | * |
| 48 | Tracking number | 15 | Alpha | |
| 49 | Optometry: Reading additions | 12 | Alpha | |
| 50 | Optometry: Lens | 34 | Alpha | |
| 51 | Optometry: Density of tint | 6 | Alpha | |
| 52 | Discipline code | 7 | Numeric | |
| 53 | Employer name | 40 | Alpha | * |
| 54 | Employee number | 15 | Alpha | * |
| 55 | Date of Injury (CCYYMMDD) | 8 | Date | * |
| 56 | IOD reference number | 15 | Alpha | |
| 57 | Single Exit Price (Inclusive of VAT) | 15 | Numeric | |
| 58 | Dispensing Fee | 15 | Numeric | |
| 59 | Service Time | 4 | Numeric | |
| 60 | | | | |
| 61 | | | | |
| 62 | | | | |
| 63 | | | | |
| 64 | Treatment Date from (CCYYMMDD) | 8 | Date | * |
| 65 | Treatment Time (HHMM) | 4 | Numeric | * |
| 66 | Treatment Date to (CCYYMMDD) | 8 | Date | * |
| 67 | Treatment Time (HHMM) | 4 | Numeric | * |
| 68 | Surgeon BHF Practice Number | 15 | Alpha | |
| 69 | Anaesthetist BHF Practice Number | 15 | Alpha | |
| 70 | Assistant BHF Practice Number | 15 | Alpha | |
| 71 | Hospital Tariff Type | 1 | Alpha | |

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| | | | | |
|---|---|---|---|---|
| 72 | Per diem (Y/N) | 1 | Alpha | |
| 73 | Length of stay | 5 | Numeric | * |
| 74 | Free text diagnosis | 30 | Alpha | |
| TRAILER | | | | |
| 1 | Trailer Identifier = Z | 1 | Alpha | * |
| 2 | Total number of transactions in batch | 10 | Numeric | * |
| 3 | Total amount of detail transactions | 15 | Decimal | * |

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## MSPs PAID BY THE COMPENSATION FUND

| Discipline Code : | Discipline Description : |
|---|---|
| 004 | Chiropractors |
| 009 | Ambulance Services - Advanced |
| 010 | Anesthetists |
| 011 | Ambulance Services - Intermediate |
| 012 | Dermatology |
| 013 | Ambulance Services - Basic |
| 014 | General Medical Practice |
| 015 | General Medical Practice |
| 016 | Obstetrics and Gynecology (Occupational related cases) |
| 017 | Pulmonology |
| 018 | Specialist Physician |
| 019 | Gastroenterology |
| 020 | Neurology |
| 022 | Psychiatry |
| 023 | Radiation/Medical Oncology |
| 024 | Neurosurgery |
| 025 | Nuclear Medicine |
| 026 | Ophthalmology |
| 028 | Orthopedics |
| 030 | Otorhinolaryngology |
| 034 | Physical Medicine |
| 035 | Emergency Medicine Independent Practice Specialist |
| 036 | Plastic and Reconstructive Surgery |
| 038 | Diagnostic Radiology |
| 039 | Radiography |
| 040 | Radiotherapy/Nuclear Medicine/Oncologist |
| 042 | Surgery Specialist |
| 044 | Cardio Thoracic Surgery |
| 046 | Urology |
| 049 | Sub-Acute Facilities |
| 052 | Pathology |
| 054 | General Dental Practice |
| 055 | Mental Health Institutions |
| 056 | Provincial Hospitals |
| 057 | Private Hospitals |
| 058 | Private Hospitals |
| 059 | Private Rehab Hospital (Acute) |
| 060 | Pharmacy |
| 062 | Maxillo-facial and Oral Surgery |
| 064 | Orthodontics |

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| | |
|---|---|
| **066** | Occupational Therapy |
| **070** | Optometrists |
| **072** | Physiotherapists |
| **075** | Clinical technology (Renal Dialysis only) |
| **076** | Unattached operating theatres / Day clinics |
| **077** | Approved U O T U / Day clinics |
| **078** | Blood transfusion services |
| **079** | Hospices/Frail Care |
| **082** | Speech therapy and Audiology |
| **083** | Hearing Aid Acoustician |
| **084** | Dieticians |
| **086** | Psychologists |
| **087** | Orthotists & Prosthetists |
| **088** | Registered nurses (Wound Care only) |
| **089** | Social workers |
| **090** | Clinical services : wheelchairs |

# DOCTORS GAZETTE 2023

| GENERAL PRACTITIONER AND SPECIALIST TARIFF OF FEES AS FROM 1 APRIL 2023 | |
|---|---|
| | **GENERAL RULES** |
| | **PLEASE NOTE:** The interpretations/comments as published in the SAMA Medical Doctors' Coding Manual (MDCM) must also be adhered to when rendering health care services under the Compensation for Occupational Injuries and Diseases Act, 1993 |
| **RULE** | **DESCRIPTION** |
| **A.** | **Consultations: Definitions**<br>(a) **New and established patients:** A consultation/visit refers to a clinical situation where a medical doctor personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receives additional remuneration.<br>(b) **Subsequent visits:** Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling.<br>(c) **Hospital visits:** Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and not be coded(unless otherwise indicated). Where no procedure or operation was carried out, a hospital visit according to the appropriate hospital or inpatient follow-up visit may be coded. |
| **B.** | **Normal hours and after hours:** Normal working hours comprise the periods 08:00 to 17:00 on Mondays to Fridays, 08:00 to 13:00 on Saturdays, and all other periods voluntarily scheduled (even when for the convenience of the patient) by a medical practitioner for the rendering of services. All other periods are regarded as after hours. Public holidays are not regarded as normal working days and work performed on these days is regarded as after-hours work. Services are scheduled involuntarily for a specific time, if for medical reasons the doctor should not render the service at an earlier or later opportunity. Please note: Items 0146 and 0147 (emergency consultations) as well as modifier 0011 (emergency theatre procedures) are only applicable in the after hours period) |
| **C.** | **Comparable services:** The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees or in the SAMA guideline, shall be based on the fee in respect of a comparable service. For procedures/services not in this tariff of fees but in the SAMA guideline, item 6999 (unlisted procedure or service code), should be used with the SAMA code. Motivation for the use of a comparable item must be provided. Note: Rule C and item 6999 may not be used for comparable pathology services (sections 21, 22 and 23) |
| **D.** | **Cancellation of appointments:** Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee may be charged. In the case of an injured employee, the relevant consultation fee is payable by the employee.) In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be. |
| **E.** | **Pre-operative visits:**The appropriate consultation may be coded for all pre-operative visits with the exception of a routine pre-operative visit at the hospital, since that routine pre-operative visit is included in the global surgical period for the procedure. |
| **F.** | **Administering of injections and/or infusions:** Where applicable, administering injections and/or infusions may only be coded when done by the medical doctor him-/herself. |
| **G.** | **Post-operative care**<br>(a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding THREE (3)months (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed)<br>(b) If the normal after-care is delegated to any other registered health professional and not completed by the surgeon it shall be his/her own responsibility to arrange for the service to be rendered without extra charge.<br>(c) When the care of post-operative treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the Compensation Fund may be charged.<br>(d) Normal aftercare refers to uncomplicated post-operative period not requiring any further surgical incision.<br>(e) Abnormal aftercare refers to post-operative complications and treatment not requiring any further incisions and will be considered for payment. |
| **H.** | **Removal of lesions:** Items involving removal of lesions include follow-up treatment for four months. |
| **I.** | **Pathological investigations performed by clinicians**: Fees for all pathological investigations performed by members of other disciplines (where permissible) - refer to modifier 0097: Items that resort under Clinical and Anatomical Pathology: See section for Pathology. |
| **J.** | **Disproportionately low fees:** In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged . |

| GENERAL PRACTITIONER AND SPECIALIST TARIFF OF FEES AS FROM 1 APRIL 2023 | |
|---|---|
| | **GENERAL RULES** |
| K. | **Services of a specialist, upon referral:** Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending general practitioner. Medical practitioners referring cases to other medical practitioners shall, if known to them, indicate in the referral letter that the patient was injured in an "accident" and this shall also apply in respect of specimens sent to pathologists. |
| L. | **Procedures performed at time of visits:** If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged. |
| M. | **Surgical procedure planned to be performed later:** In cases where, during a consultation/visit, a surgical procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion. |
| N. | **Rendering of invoices for occupational injuries and diseases**<br>(a) "Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention<br>(b) Where a fee for a service is prescribed in this guideline, the medical practitioner shall not be entitled to payment calculated on a basis of the number of visits or examinations made where such calculation would result in the prescribed fee being exceeded.<br>(c) The number of consultations/visits must be in direct relation to the seriousness of the injury and should more than 20 visits be necessary, the Compensation Fund must be furnished with a detailed motivation.<br>(d) A single fee for a consultation/visit shall be paid to a medical practitioner for the once-off treatment of an injured employee who thereafter passes into the permanent care of another medical practitioner, not a partner or assistant of the first. The responsibility of furnishing the First Medical Report in such a case rests with the second practitioner. |
| O. | **Costly or prolonged medical services or procedures**<br>(a) An employee should be hospitalised only when and for the length of period that his condition justifies full-time medical assistance<br>(b) Occupational therapy/Physiotherapy: The same principals as set out in modifier 0077: Two areas treated simultaneously for totally different conditions, will apply when an employee is referred to a therapist.<br>(c) In case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain in writing from the Compensation Fund if liability is accepted for such treatment. |
| P. | **Travelling fees**<br>(a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if the practitioner had to travel more than 16 kilometres in total.<br>(b) If more than one patient is attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients.<br>(c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms<br>(d) Where a practitioner's residence is more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such a hospital, except in cases of emergency (services not voluntarily scheduled).<br>(e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). |
| | **INTENSIVE CARE**<br>**RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE** |
| Q. | **Intensive care/High care:** Units in respect of item codes 1204 to 1210 (Categories 1 to 3) EXCLUDE the following:<br>(a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit fee for the initial assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive care/high care unit<br>(b) Cost of any drugs and/or materials<br>(c) Any other cost that may be incurred before, during or after the consultation/visit and/or the therapy<br>(d) Blood gases and chemistry tests, including arterial puncture to obtain specimens<br>(e) Procedural item codes 1202 and 1212 to 1221<br>**but INCLUDE the following**<br>(f) Performing and interpreting of a resting ECG<br>(g) Interpretation of blood gases, chemistry tests and x-rays<br>(h) Intravenous treatment (item codes 0206 and 0207) |
| R. | **Multiple organ failure:** Units for item codes 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include item 1211: Cardio-respiratory resuscitation |

| GENERAL PRACTITIONER AND SPECIALIST TARIFF OF FEES AS FROM 1 APRIL 2023 | |
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| | **GENERAL RULES** |
| S. | **Ventilation:** Units for item codes 1212, 1213 and 1214 (ventilation) include the following:<br>(a) Measurement of minute volume, vital capacity, time- and vital capacity studies<br>(b) Testing and connecting the machine<br>(c) Setting up and coupling patient to machine: setting machine, synchronising patient with machine<br>(d) Instruction to nursing staff<br>(e) All subsequent visits for the first 24 hours |
| T. | Ventilation (item codes 1212 to 1214) does not form part of normal post-operative care, but may not be added to item code 1204: Catogory 1: Cases requiring intensive monitoring. |
| | **RULES GOVERNING THE SECTION RADIOLOGY: MAGNETIC RESONANCE IMAGING** |
| NOTE | In the event of Complex medical cases(Poly-trauma, Traumatic Brain injury, Spinal injuries, etc.), the first Radiological investigations(e.g MRI, CT scan, Ultrasound and Angiography), Authorisation will not be required provided there was a valid indication.<br><br>All second and Subsequent specialised Radiological investigations for Complex medical cases,will need a pre-authorisation.<br><br>Non-Complex medical cases/elective cases will need pre-authorisation for all specialised radiological investigations. |
| | **RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY** |
| | **Note**<br>(a) Prior approval must be obtained from the Compensation Fund before any treatment resorting under this section is carried out<br><br>(b) Where approval has been obtained, treatment must be limited to 12 sessions only, after which the patient must be referred back to the referring doctor for an evaluation and report to the Compensation Fund. |
| Va. | **Electro-convulsive treatment:** Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. |
| Vb. | When adding psychotherapy items to a first or follow-up consultation item, the clinician must ensure that the time stipulated in the psychotherapy items are adhered to (i.e. item 2957 - minimum 10 minutes, item 2974 - minimum 30 minutes, and item 2975 - minimum 50 minutes) |
| | **RULES GOVERNING THE SECTION RADIOLOGY** |
| Z. | No fee is to subject to more than one reduction |
| | **RULE GOVERNING THE SUBSECTION ON DIAGNOSTIC PROCEDURES REQUIRING THE USE OF RADIO-ISOTOPES** |
| AA. | Procedures exclude the cost of isotope used |
| | **RULE GOVERNING THE SECTION RADIATION ONCOLOGY** |
| BB. | The units in the radiation oncology section do NOT include the cost of radium or isotopes. |
| | **RULE GOVERNING ULTRASOUND EXAMINATIONS** |
| EE. | (a) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner performing the scan. A copy of the letter of motivation must be attached to the first account rendered to the Compensation Fund by the Radiologist.<br><br>(b) In case of a referral to a Radiologist, no motivation is required from the Radiologist himself/herself. |
| | **RULES GOVERNING THE SECTION URINARY SYSTEM** |
| FF. | (a) When a cystoscopy precedes a related operation, modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transuretral (T U R) prostatectomy.<br>(b) When a cystoscopy preceeds an unrelated operation, modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair.<br>**(c) No modifier applies to item code 1949: Cystoscopy, when performed together with any of item codes 1951 to 1973** |
| | **RULE GOVERNING THE SECTION RADIOLOGY** |
| GG. | **Capturing and recording of examinations:** Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years. |

| MODIFIER DESCRIPTIONS AND STANDARDS | |
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| Addition Modifier (AM) | This modifier will add a value by using a percentage value or a unit value to a procedure code. The modifier should be quoted on a separate line with its own value instead of adding its value to the code. |
| Compound modifiers (CM) | The modifier should be quoted on a separate line with its own value at the end of the invoice instead of adding its value to the code. It should be indicated on each procedure code where the modifier is applicable. |
| Reduction Modifiers (RM) | This modifier reduces the value of a procedure code/s by using a percentage or unit value.It should be quoted on the procedure codes where the modifier is applicable. |
| Information Modifier (IM) | Information Modifier (IM) |

| MODIFIER | DESCRIPTION | | Specialist | | General Practitioner | | Anaesthetic | |
|---|---|---|---|---|---|---|---|---|
| | | U | R | U | R | U | R | T |
| | **MODIFIER GOVERNING THE RADIOLOGY AND RADIATION ONCOLOGY SECTIONS OF THE TARIFF CODES** | | | | | | | |
| 0001 | **Emergency or unscheduled radiological services:** For emergency or unscheduled radiological services ( Refer to rule B) the additional fee shall be 50% of the fee for the particular service (section 19.12: Portable unit examinations excluded). Emergency and unscheduled MR scans, a maximum levy of 100.00 Radiological units is applicable. | *100* | 3 086.00 | | | | | |
| | **MODIFIER GOVERNING A RADIOLOGIST REQUESTED TO PROVIDE A REPORT ON X-RAYS** | | | | | | | |
| 0002 | **Written report on X-rays:** The lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere. | | | | | | | |
| 0005 | **Multiple therapeutic procedures/operations under the same anaesthetic**<br>(a) Unless otherwise identified in the tariff structure , when multiple procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identifiable and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, 75% for the second procedure/operation, 50% for the third procedure/operation , 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures . | | | | | | | |
| | (b) In case of multiple fractures and/or dislocations the above values also prevail .<br>(c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedure are performed under the same general anaesthetic, modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for after-care. Specify unrelated endoscopic procedures and provide a diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other therapeutic procedures performed under the same anaesthetic.<br><br>(d) Please note: When more than one small procedure is performed and the tariff makes provision for item codes for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) modifier 0005 is not applicable as the fee is already a reduced fee.<br>(e) Plus ("+") means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to modifier 0005 (see also modifier 0082)<br><br>**APPLICATION OF MODIFIER 0005 IN CASES WHERE BONE GRAFT PROCEDURES AND INSTRUMENTATION ARE PERFORMED IN COMBINATION WITH ARTHRODESIS (FUSION)**<br><br>(f) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together<br>1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis<br>2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for additionally.<br>(g) Modifier 0005 (Multiple procedures/operations under the same anaesthetic) would be applicable when an arthrodesis is performed in addition to another procedure, e.g. osteotomy or laminectomy. | | | | | | | |

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| 0006 | A 25% reduction in the fee for a subsequent operation for the same condition within one month shall be applicable if the operations are performed by the same surgeon (an operation subsequent to a diagnostic procedure is excluded). After a period of one month the full fee is applicable. | | | | | | | | |
| 0007 | (a) **Use of own monitoring equipment in the rooms:** Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation – Add 15.00 clinical procedure units irrespective of the number of items of equipment provided [Modifier 0074 and modifier 0075 may be used in conjunction with modifier 0007(a)].<br><br>(b) **Use of own equipment in hospital or unattached theatre unit:** Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - Add 15.00 clinical procedure units irrespective of the number of items of equipment provided [Modifier 0074 and modifier 0075 may not be used in conjucttion with modifier 0007(b)]. | 15 | 442.50 | 15 | 442.50 | | | | |
| | (c) Use of own equipment by **Audiologists** in the rooms: Basic sound booth.<br>- Used once per claim for compensation purposes.<br>- To be added to the consultation fee, with a descriptor. | 4.76 | 140.42 | 4.76 | 140.42 | | | | |
| 0008 | **Specialist surgeon assistant:** The units of the procedure(s) for a specialist surgeon acting as assistant surgeon in procedures of specialised nature, is 40% of the units for the procedure(s) performed by specialist surgeon. | | | | | | | | |
| 0009 | **Assistant:** The units for an assistant are 20% of the units of that of a specialist surgeon, with a minimum of 36.00 clinical procedure units. The minimum units payable may not be less than 36.00 clinical procedures units. | 36 | 1 062.00 | 36 | 1 062.00 | | | | |
| 0010 | **Local anaesthesic**<br>(a) A fee for a local anaesthetic administered by the practitioner may only be charged for (1) an operation or a procedure with a value of greater than 30.00 clinical procedure units (i.e. 31.00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value of greater than 50.00 clinical procedure units. | 31 | 914.50 | 31 | 914.50 | | | | |
| | (b) The fee for a local anaesthetic administered shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per modifier 0035: Anaesthetic administered by an anaesthesiologist/ anaesthetist, shall be applicable in such a case.<br><br>(c) The fee for a local anaesthetic administered is not applicable to radiological procedures such as angiography and myelography.<br><br>(d) No fee may be levied for the topical application of local anaesthetic.<br>(e) Please note: Modifier 0010: Local anaesthetic administered by the operator may not be added onto the surgeon's account for procedures that were performed under general anaesthetic. | 50 | 1 475.00 | 50 | 1 475.00 | | | | |
| 0011 | **Theatre procedures for emergency surgery:** Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12.00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists.<br>(Definition: A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment). | 12 | 354.00 | 12 | 354.00 | 12 | 354.00 | | |

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| 0013 | **Endoscopic examinations done at operations**: Where a related endoscopic examination is performed at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be coded. | | | | | | | | |
| 0014 | **Operations previously performed by other surgeons**<br>(a) Use modifier 0014(a) for information only as an indicator that the operation was previously performed by another surgeon.<br><br>(b) Where an operation is performed which has previously been performed by another surgeon, e.g. a revision or repeat operation, the fee maybe calculated according to the tariff for the full operation plus an additional fee to be negotiated under general rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff structure. | | | | | | | | |
| | **INJECTIONS, INFUSIONS AND INHALATION SEDATION MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE** | | | | | | | | |
| 0015 | **Intravenous infusions**: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after an operation, no extra fees shall be charged as the after-treatment is included in the global fee for the procedure. Should the practitioner performing the operation prefer to request another practitioner to perform post-operative intravenous infusions, the practitioner himself (and not the Compensation Fund) shall be responsible for remunerating such practitioner for the infusions. | | | | | | | | |
| 0017 | Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections as part of a planned series of injections for the same condition should be charged according to item 0131 (not coded together with a consultation item). | | | | | | | | |

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| | **MODIFIER GOVERNING SURGERY ON PERSONS WITH A BODY MASS INDEX (BMI) OF MORE THAN 35** | | | | | | | | | |
| 0018 | Surgical modifier for persons with a BMI of higher than 35 (calculated according to kg/m2 = weight in kilograms divided by height in metres squared): Fee for the procedure +50% of the fee for surgeons; 50% increase in anaesthetic time units for anaesthesiologists. | | | | | | | | | |
| | **MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHESIA FOR ALL THE PROCEDURES AND OPERATIONS INCLUDED IN THIS GUIDE TO TARIFFS** | | | | | | | | | |
| 0021 | **Determination of anaesthetic fees:** Anaesthetic fees are determined by adding the basic anaesthetic units (allocated to each procedure that can be performed under anaesthesia indicated in the anaesthetic column[refer to modifier 0027 for more than one procedure under the same anaesthetic]) and the time units (calculated according to the formula in modifier 0023) and the appropriate modifers (see modifiers 0037-0044). In case of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures or dislocations, add units as laid down by modifiers 5441 to 5448. | | | | | | | | | |
| 0023 | The basic anaesthetic units are laid down in the guide to tariffs and are reflected in the anaesthetic column. These basic anaesthetic units reflect the anaesthetic risk, the technical skill required of the anaesthesiologist/anaesthetist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis. | | | | | | | | | |
| | **Anaesthetic time:** The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthesia, at 2.00 anaesthetic units is per 15 minute period or part thereof for the first hour. Should the duration of the anaesthesia be longer than one (1) hour the number of units shall be increased to 3.00 anaesthetic units per 15 minute period or part thereof after the first hour. | | | 2 | **275.72** | 2 | **275.72** | | | |
| 0024 | **Pre-operative assessment not followed by a procedure:** If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, the assessment will be regarded as a consultation at a hospital or nursing home and the appropriate hospital consultation fee should be charged. | | | 3 | **413.58** | 3 | **413.58** | | | |
| 0025 | **Calculation of anaesthesia time:** Anaesthesia time is calculated from the time that the anaesthesiologist/ anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist/anaesthetist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative nursing supervision. Where prolonged personal professional attention is necessary for the well-being and safety of a patient, the additional time spent can be charged for at the same rate as indicated above for anaesthesia time. The anaesthesiologist/anaesthetist must record the exact anaesthesia time and the additional time spent supervising the patient on the invoice submitted. | | | | | | | | | |
| 0027 | **More than one procedure under the same anaesthesia:** Where more than one operation is performed under the same anaesthesia, the basic anaesthetic units will be that of the operation/procedure with the highest number of anaesthetic units. | | | | | | | | | |
| 0029 | **Assistant anaesthesiologists:** When it is required by the scope of the anaesthesia, an assistant anaesthesiologist/anaesthetist may be employed. The units for the assistant anaesthesiologist/anaesthetist shall be calculated on the same basis as in the case where a general practitioner administered the anaesthesia. | | | | | | | | | |
| 0031 | Intravenous infusion and transfusions:Treatment with intravenous drips and transfusions rendered either prior to, or during actual theatre or operating time, is considered part of the normal treatment in administering an anaesthetic. | | | | | | | | | |
| 0032 | Patients in the prone position: Anaesthesia administered to patients in the prone position shall carry a minimum of 5.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, two additional anaesthetic units should be added. If the basic anaesthetic units for the procedure are 5.00 or more, no additional units should be added. | | | | | | | | | |

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| 0033 | **Participating in the general care of patients:** When an anaesthesiologist/anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthesia, such services may be remunerated at full anaesthetic rate, subject to the provisions of modifier 0035: Anaesthetic administered by a specialist anaesthesiologist/ anaesthetist and modifier 0036: Anaesthetic administered by a general practitioner | | | 2 | 275.72 | 2 | 275.72 | | |
| 0034 | **Head and neck procedures:** All anaesthesia administered for diagnostic, surgical or X-ray procedures on the head and neck shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure are 4.00 or more, no extra units should be added. | | | 1 | 137.86 | 1 | 137.86 | | |
| | | | TO | 4 | 551.44 | 4 | 551.44 | | |
| 0035 | **Anaesthesia administered by an anaesthesiologist/ anaesthetist:** No anaesthesia administered by an anaesthesiologist/anaesthetist shall carry a total value of less than 7.00 anaesthetic units comprising basic units, time units and the appropriate modifiers. | | | 7 | 965.02 | 7 | 965.02 | | |
| 0036 | **Anaesthesia administered by general practitioners:** The anaesthetic units (basic units plus time units plus the appropriate modifiers) used to calculate the fee for anaesthesia administered by a general practitioner lasting one hour or less shall be the same as that for an anaesthesiologist. For anaesthesia lasting more than one hour, the units used to calculate the fee for anaesthesia administered by a general practitioner will be 4/5 (80%) of that applicable to a specialist anaesthesiologist, provided that no anaesthesia lasting longer than one hour shall carry a total value of less than 7.00 anaesthetic unit. Please note that the 4/5 (80%) principle will be applied to all anaesthesia administered by general practitioners with the provision that no anaesthesia totalling more than 11.00 units would be reduced to less than 11.00 units in total. The monetary value of the unit is the same for both anaesthesiologists/anaesthetists.<br><br>**Note:** Modifying units may be added to the basic anaesthetic unit value according to the following modifiers (0037-0044, 5441-5448). | | | 7 | 965.02 | 7 | 965.02 | | |
| 0037 | **Body hypothermia:** Utilisation of total body hypothermia: Add 3.00 anaesthetic units. | | | 3 | 413.58 | 3 | 413.58 | | |
| 0038 | Peri-operative blood salvage: Add 4.00 anaesthetic units for intra-operative blood salvage and 4.00 anaesthetic units for post-operative blood salvage. | | | 4 | 551.44 | 4 | 551.44 | | |
| 0039 | Deliberate control of blood pressure: All cases up to one hour: Add 3.00 anaesthetic units, thereafter add 1 (one) additional anaesthetic unit per quarter hour ( 15 Min ) or part thereof (PLEASE INDICATE THE TIME IN MINUTES). | | | 3 | 413.58 | 3 | 413.58 | | |
| | | | + | 1 | 137.86 | 1 | 137.86 | | |
| 0041 | **Hyperbaric pressurisation:** Utilisation of hyperbaric pressurisation: Add 3.00 anaesthetic units . | | | 3 | 413.58 | 3 | 413.58 | | |
| 0042 | Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3.00 anaesthetic units. | | | 3 | 413.58 | 3 | 413.58 | | |
| | **MUSCULO-SKELETAL SYSTEM**<br>**MODIFIERS GOVERNING ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS**<br>**Modifiers 5441 to 5448**<br>Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items). | | | | | | | | |
| 5441 | Add one (1.00) anaesthetic unit, except where the procedure refers to the skeletal bones named in modifiers 5442 to 5448. | | | 1 | 137.86 | 1 | 137.86 | | |
| 5442 | Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and tempero-mandibular joint: Add two (2.00) anaesthetic units. | | | 2 | 275.72 | 2 | 275.72 | | |
| 5443 | Maxillary and orbital bones: Add three (3.00) anaesthetic units. | | | 3 | 413.58 | 3 | 413.58 | | |
| 5444 | Shaft of femur: Add four (4.00) anaesthetic units | | | 4 | 551.44 | 4 | 551.44 | | |
| 5445 | Spine (except coccyx), pelvis, hip, neck of femur: Add five (5.00) anaesthetic units. | | | 5 | 689.30 | 5 | 689.30 | | |
| 5448 | Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8.00) anaesthetic units. | | | 8 | 1102.88 | 8 | 1102.88 | | |

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| 0045 | **Post-operative alleviation of pain**<br>(a) When a regional or nerve block is performed in theatre for post-operative pain relief, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique<br>(b) When a regional or nerve block procedure is performed in the ward or nursing facility, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique.<br>(c) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain in the ward or nursing facility, it will be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility.<br>(d) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID's (non-steroidal anti-inflammatory drugs). | | | | | | | | |

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| | **MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST UTILISING AN INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM)** | | | | | | | | |
| 0100 | **Intra-aortic balloon pump:** Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75.00 clinical procedure units is applicable. | | | | | 75 | **2 212.50** | | |
| | **MUSCULO-SKELETAL SYSTEM MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF** | | | | | | | | |
| 0046 | Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, the full fee for the initial treatment is applicable. | | | | | | | | |
| 0047 | A fracture NOT requiring reduction shall be charged on a fee per service basis PROVIDED that the cumulative amount does NOT exceed the fee for a reduction. | | | | | | | | |
| 0048 | Where in the treatment of a fracture or dislocation an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27.00 clinical procedure units (not including after-care). | 27 | **796.50** | 27 | **796.50** | | | | |
| 0049 | Except where otherwise specified, in cases of compound [open] fractures, 77.00 clinical procedure units (specialists and general practitioners) are to be added to the units for the fractures including debridement [a fee for the debridement may not be charged for separately]. | 77 | **2 271.50** | 77 | **2 271.50** | | | | |
| 0051 | Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists and general practitioners add 77.00 clinical procedure units. | 77 | **2 271.50** | 77 | **2 271.50** | | | | |
| 0052 | Except where otherwise specified, fracture (traumatic or surgical, ie. osteotomy) requiring open reduction and/or internal fixation, external skeletal fixtion/and or bone grafting (excluding fixation with Kirschner wires (refer to modifier 0053), as well as long bone or pelvis fracture/osteotomy (refer to modifier 0051) for specialist and general practitioners for HAND or FOOT fracture/osteotomy: Add to the appropriate procedure code. | 81.1 | **2 392.45** | 81.1 | **2 392.45** | | | | |
| 0053 | Fractures requiring percutaneous internal fixation [insertion and removal of fixatives (wires) into of fingersand toes]: Specialists and general practitioners add 32.00 clinical procedure units. | 32 | **944.00** | 32 | **944.00** | | | | |
| 0055 | Dislocation requiring open reduction: Units for the specific joint plus 77.00 clinical procedure units for specialists and general practitioners. | 77 | **2 271.50** | 77 | **2 271.50** | | | | |
| 0057 | Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total by 50% and add to the total for the first foot. | | | | | | | | |
| 0058 | Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): Units as for the procedure(s) + 100% of the units as for the total revision procedure (the units for modifier 0058 equals 100% of the procedure(s) performed plus appropriate modifiers) | | | | | | | | |
| | **MODIFIER GOVERNING COMBINED PROCEDURES ON THE SPINE** | | | | | | | | |
| 0061 | **Combined procedures on the spine:** In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full units for the relevant part of the operation performed by him/her. Each surgeon may be remunerated as an assistant for the procedures performed by the other surgeon, at general practitioner units (refer to modifier 0009). | | | | | | | | |
| | **MODIFIERS GOVERNING THE SUBSECTION REPLANTATION SURGEY** | | | | | | | | |
| 0063 | Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the units for the procedure. | | | | | | | | |
| 0064 | Where a replantation procedure (or toe to thumb transfer) is unsuccessful no further surgical fee is payable for amputation of the non-viable parts. | | | | | | | | |

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| | **MODIFIER GOVERNING THE SECTION LARYNX** | | | | | | | | |
| 0067 | Microsurgery of the larynx: Add 25% to the fee for the procedure performed. (For other operations requiring the use of an operation microscope, the fee shall include the use of the microscope, except where otherwise specified in the Tariff Guide). | | | | | | | | |
| | **MODIFIERS GOVERNING NASAL SURGERY** | | | | | | | | |
| 0069 | When endoscopic instruments are used during intranasal surgery: Add 10% of the fee for the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083. | | | | | | | | |
| | **MODIFIER GOVERNING OPEN PROCEDURE(S) WHEN PERFORMED THROUGH THORACOSCOPE** | | | | | | | | |
| 0070 | Add 45.00 clinical procedure units to procedure(s) performed through a thoracoscope. | 45 | **1 327.50** | 45 | **1 327.50** | | | | |
| | **MODIFIER GOVERNING FEES FOR ENDOSCOPIC PROCEDURES** | | | | | | | | |
| 0074 | Endoscopic procedures performed with own equipment: The basic procedure fee plus 33,33% (1/3) of that fee (plus ("+") codes excluded) will apply where endoscopic procedures are performed with own equipment. | | | | | | | | |
| 0075 | Endoscopic procedures performed in own procedure room: (a)The units plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in own procedure rooms. (b)This modifier is chargeable by medical doctors who own or rent the facility. (c)Please note:Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff guide | 21 | **619.50** | 21 | **619.50** | | | | |
| | **MODIFIER GOVERNING THE SECTION ON PHYSICAL TREATMENT** | | | | | | | | |
| 0077 | (a) When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatment modalities for which separate fees may be charged (Only applicable if services are provided by a specialist in physical medicine).<br>(b) The number of treatment sessions for a patient for which the Commissioner shall accept responsibility is limited to 20. If further treatment sessions are necessary liability for payment must be arranged in advance with the Compensation Fund.<br>**Note**: Physiotherapy administered by a non-specialist medical practitioner who is already in charge of the general treatment of the employee concerned, or by any partner, assistant or employee of such practitioner, or any other practitioner or radiologist should be embarked upon only with the express approval of the Commissioner. Such approval should be requested in advance. | | | | | | | | |
| | **MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY** | | | | | | | | |
| 0079 | When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (Items 2957, 2974 or 2975): Individual psychotherapy (specify type). | | | | | | | | |
| | **MODIFIERS GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY** | | | | | | | | |
| 0080 | Multiple examinations: Full Fee<br>**Note in respect of fees payable when X-rays are taken by general practitioners**<br>If the services of a radiologist were normally available, it is expected that these should be utilised. Should circumstances be unfavourable for obtaining such services at the time of the first consultation, the general practitioner may take the initial X-ray photograph himself provided he submitted a report to the effect that it was in the best interest of the employee for him to have done so. Subsequent X-ray photographs of the same injury, however, must be taken by a radiologist who has to submit the relevant reports in the normal manner.<br>1. When a general practitioner takes X-ray photographs with his own equipment, if the services of a specialist radiologist were not available, he may claim at the prescribed fee. | | | | | | | | |

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| | 2. (i) If a general practitioner ordered an X-ray examination at a provincial hospital where the services of a specialist radiologist are available, it is expected that the radiologist shall read the photographs for which he is entitled to one third of the prescribed fee.<br>(ii) If the radiographer of the hospital was not available and the general practitioner had to take the X-ray photographs himself, he may claim 50% of the prescribed fee for the service. In that case, however, he should get written confirmation of his X-ray findings from the radiologist as soon as possible. The radiologist may then claim one third of the prescribed fee for such service.<br><br>3. If a general practitioner ordered an X-ray examination at a provincial hospital where no specialist radiological services are available, the general practitioner will not be paid for reading the X-ray photographs as such a service is considered to be an integral part of routine diagnosis, but if he was requested by the Compensation Fund to submit a written report on the X-ray findings, he may claim two thirds of the prescribed fee in respect thereof.<br><br>4. If a general practitioner had to take and read X-ray photographs at a provincial hospital where the services of a radiographer and a specialist radiologist are not available he/she may claim 50% of the prescribed fee for such service. | | | | | | | | |
| 0084 | **Charging for films and thermal paper by non-radiologists:** In the case of radiological services rendered by non-radiologists where films, thermal paper or magnetic media are used, these media is charged for according to the film price of 2007, as compiled by the Radiological Society of South Africa (this list is available on request at radsoc@iafrica.com). | | | | | | | | |
| 0085 | **Left side:** Add to items 6500-6519 as appropriate when the left side is examined. The absence of the modifier indicates that the right side is examined. | | | | | | | | |
| | **MODIFIER GOVERNING VASCULAR STUDIES** | | | | | | | | |
| 0086 | Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to an increase in terms of modifier 0080: Multiple examinations.<br><br>**PLEASE NOTE:** Modifier 0083 is not applicable to Section 19.8 of the tariff.<br><br>**Rules applicable to vascular studies**<br>(a) The machine fee (items 3536 to 3550) includes the cost of the following<br>All runs (runs may not be billed for separately)<br>All film costs (modifier 0084 is not applicable)<br>All fluoroscopies (item 3601 does not apply)<br>All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, anti-embolic agents, drugs and contrast media).<br><br>(b) The machine fee (item codes 3536 to 3550) may only be charged for once per case per day by the owner of the equipment and is only applicable to radiology practices.<br>(c) If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the theam should charge at their respective full rates as per modifiers and the applicable codes. | | | | | | | | |
| | **MODIFIERS GOVERNING THE SECTION PATHOLOGY** | | | | | | | | |
| 0097 | **Pathology tests performed by non-pathologists:** Where item codes resorting under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee should be charged at two-thirds of the pathologists tariff | | | | | | | | |

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| CODE | DESCRPTION | | U | R | U | R | U | R | T |
| | **I. CONSULTATIONS** | | | | | | | | |
| | The amounts in this section are calculated according to the **Consultation Services** unit values, 0181, 0182, 0183, 0184, 0186 and 0151 | | | | | | | | |
| | **GENERAL PRACTITIONERS AND ALL SPECIALISTS** | | | | | | | | |
| | a. Only one of items 0181-0186 as appropriate may be charged for a single service and not combinations thereof<br>b. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration<br>c. Only item 0146 may be charged as appropriate thereof<br>d. A subsequent visit refers to a voluntarily scheduled visit performed for the same condition within four (4) months after the first visit (although the symptoms or complains may differ from those presented during the first visit<br>e. Items 0181,0182, 0183, 0184 and 0186 include renumeration for the completion of the first, progress and final medical reports. Item 0186 may be charged for a visit to complete a final medical report | | | | | | | | |
| | **NEW PATIENT (NB: Indicate time in minutes )** | | | | | | | | |
| 0181 | Visit for a new problem / new patient with problem focused history, examination and management up **20 minutes** | | *16.5* | **495.83** | *15* | **450.75** | | | |
| 0182 | Visit for a new problem / new patient with problem focused history, examination and management up **30 minutes** | | *31.5* | **946.58** | *30* | **901.50** | | | |
| 0183 | Visit for a new problem / new patient with problem focused history, examination and management up **45 minutes** | | *36* | **1 081.80** | *33* | **991.65** | | | |
| | **FOLLOW-UP VISIT** | | | | | | | | |
| 0184 | Follow-up visit for the evaluation and management of a patient | | *16.5* | **495.83** | *15* | **450.75** | | | |
| | **FINAL VISIT** | | | | | | | | |
| 0186 | Follow-up visit for the evaluation and management of a patient with a Final Medical Report **(Rule G not applicable)** | | *31.5* | **946.58** | *30* | **901.50** | | | |
| | **CONSULTATIONS: SPECIALISTS AND GENERAL PRACTITIONERS** | | | | | | | | |
| 0145 | For consultation / visit away from the doctor's home or rooms: ADD to item 0181. Confirm where visit took place. Please note that item 0145 is not applicable for pre-anaesthetic assessments and may not be added to items 0151 | + | *6* | **177.00** | *6* | **177.00** | | | |
| 0146 | Emergency or unscheduled consultation/visit at the doctors home or rooms: ADD to items 0181, 0182 and 0183 as appropriate. **(General Rule B refers)** | + | *8* | **236.00** | *8* | **236.00** | | | |
| 0147 | For after hours emergency or unscheduled consultation/ visit away from the doctor's home or rooms. ADD to items 0181, 0182 and 0183 as appropriate **(General Rule B refers)** | + | *14* | **413.00** | *14* | **413.00** | | | |
| 0109 | Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care) (may only be charged once per day) (not to be used with items 0146 or ICU items 1204-1214) | | *15* | **442.50** | *15* | **442.50** | | | |
| | **PRE-ANAESTHETIC ASSESSMENT**<br>a. Pre-anaesthetic consultations for all major vascular, cardio-thoracic and orthopaedic cases will attract a unit value of at least 32.00 units<br>b. Only item 0146 may be charged | | | | | | | | |
| 0151 | Pre-anaesthetic assessment of patient(all hours). Problem focused history, clinical examination and decision making | | *32* | **961.60** | *32* | **961.60** | | | |
| | **GENERAL** | | | | | | | | |
| 0136 | Special medical examination requested by the Compensation Commissioner (Section 42)<br>**Note :**<br>- Amount applicable from 2003/03/03 until 2005/01/27 (VAT inclusive)<br>- Amount applicable from 2005/01/28 until 31/03/2014 (VAT inclusive)<br>- Amount applicable from 2014/04/01 until 31/03/2019 (VAT inclusive) | | *200* | **5 900.00**<br>**1 100.00**<br>**1 860.00**<br>**3 500.00** | | | | | |

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| CODE | DESCRPTION | | U | R | U | R | U | R | T |
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| | **II. MEDICINE, MATERIAL, AND SUPPLIES** | | | | | | | | |
| 0201 | Medicine, material and/or unregistered/unscheduled products used during treatment: To be used for all medicine, material and/or unregistered/unscheduled products using in treatment. | | | | | | | | |
| 0202 | Setting of sterile tray: A fee of 10,00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201 | | *10* | 295.00 | *10* | 295.00 | | | |
| 0194 | Procurement cost for human donor material. No mark up is allowed. Only applicable to Opthalmologist, Invoice to be attached | | | | | | | | |

| | | | Specialist | | General Practitioner | | Anaesthetic | |
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| III. | **PROCEDURES**<br>The amounts in this section are calculated according to the **Clinical Procedure** unit values | | | | | | | |
| | **UNLISTED PROCEDURE/SERVICE** | | | | | | | |
| 6999 | Unlisted procedure/service code: A procedure/service may be provided that is not listed in the Compensation Fund tariffs.Please quote the correct SAMA code with tariff code 6999 | | | | | | | |
| 1. | **INTRAVENOUS TREATMENT** | | | | | | | |
| 1.1 | **Injections and Infusions** | | | | | | | |
| 0206 | Intravenous infusions (push-in) Insertion of cannula - chargeable once per 24 hour<br>Not appropriate for managing infusion in daily hospital, High Care and Intensive Care patients (code 0109, 1204- 1206 and 1208- 1210).<br>tariff code is considered part of anaesthetic administration | | *6* | **177.00** | *6* | **177.00** | | |
| 0207 | Intravenous infusions (cut-down): Cut-down and insertion of cannula - chargeable once per 24 hours<br>Not appropriate for managing infusion in daily hospital, High Care and Intensive Care patients (code 0109, 1204- 1206 and 1208- 1210).<br>tariff code is considered part of anaesthetic administration | | *8* | **236.00** | *8* | **236.00** | | |
| 0208 | Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)<br><br>**Note: How to charge for Intravenous Infusions**<br>Practitioners are entitled to charge according to the appropriate tariff code whenever they personally insert the cannula (but may only charge for this service once every 24 hours) For managing the infusion as such e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultation | | *6* | **177.00** | *6* | **177.00** | | |
| 0210 | Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists) | | 3.25 | **95.88** | 3.25 | **95.88** | | |
| 2. | **INTEGUMENTARY SYSTEM** | | | | | | | |
| 2.1 | **Allergy** | | | | | | | |
| 0217 | Allergy: Patch tests: First patch | | *4* | **118.00** | *4* | **118.00** | | |
| 0219 | Allergy: Patch tests: Each additional patch.<br>Add to code 0217, code May not be billed alone | | *2* | **59.00** | *2* | **59.00** | | |
| 0218 | Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs | | *2.8* | **82.60** | *2.8* | **82.60** | | |
| 0220 | Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens.<br>Only a maximum of five can be charged. | | *1.9* | **56.05** | *1.9* | **56.05** | | |
| 0221 | Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen<br>Only a maximum of five can be charged. | | *2.8* | **82.60** | *2.8* | **82.60** | | |
| 2.2 | **Skin (general)** | | | | | | | |
| 0222 | Intralesional injection into areas of pathology, e.g. Keloid: Single<br>Pre-authorisation with motivational letter detailing how the lesion affects functionality is required | | 4 | **113.48** | 4 | **113.48** | | |
| 0223 | Intralesional injection into areas of pathology, e.g. Keloids: Multiple.<br>tariff code inappropropriate to use with tariff code 0222<br>Pre-authorisation with motivational letter detailing how the lesion affects functionality is required | | 8 | **226.96** | 8 | **226.96** | | |
| 0255 | Drainage of subcutaneous abscess, onychia, paronychia, pulp space or avulsion of nail | | *20* | **590.00** | *20* | **590.00** | *3* | **413.58 +T** |

| | | Specialist | | General Practitioner | | Anaesthetic | |
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| 0257 | Drainage of major hand or foot infection; drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of pilonidal cyst or sinus | 87 | 2 566.50 | 87 | 2 566.50 | 3 | 413.58 +T |
| 0259 | Removal of foreign body: Muscle or tendon sheath, simple<br>Not appropriate for orthopaedic wires and pins removal | 20 | 590.00 | 20 | 590.00 | 3 | 413.58 +T |
| 0260 | Incision/removal of foreign body: Subcutaneous tissue, complicated | 55.5 | 1 637.25 | 55.5 | 1 637.25 | 3 | 413.58 +T |
| 0261 | Removal of foreign body: Muscle or tendon sheath, deep/complicated.<br>Not appropriate for orthopaedic wires and pins removal<br><br>**Note: See tariff code 0922 and 0923 for removal of foreign bodies in hands** | 31 | 914.50 | 31 | 914.50 | 3 | 413.58 +T |
| 2.3 | **Major plastic repair**<br>**Note:** The tariff does not cover elective or cosmetic operations, since these procedures may not have the effect of reducing the percentage of permanent disablement as laid down in the Second Schedule to the Act. It is incumbent upon the treating doctor to obtain the prior consent of the Commissioner before embarking upon such treatment | | | | | | |
| 0288 | Harvesting of graft: Fascia lata graft, complex or sheet | 127.4 | 3 758.30 | 120 | 3 540.00 | 4 | 551.44 +T |
| 0289 | Large skin graft, composite skin graft, large full thickness free skin graft | 234 | 6 903.00 | 187.2 | 5 522.40 | 4 | 551.44 +T |
| 0290 | Reconstructive procedures (including all stages) and skingraft by myo-cutaneous or fascio-cutaneous flap | 410 | 12 095.00 | 328 | 9 676.00 | 4 | 551.44 +T |
| 0291 | Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis | 800 | 23 600.00 | 640 | 18 880.00 | 4 | 551.44 +T |
| 0292 | Distant flaps: First stage | 206 | 6 077.00 | 164.8 | 4 861.60 | 4 | 551.44 +T |
| 0293 | Contour grafts (excluding cost of material) | 206 | 6 077.00 | 164.8 | 4 861.60 | 4 | 551.44 +T |
| 0294 | Vascularised bone graft with or without soft tissue with one or more sets micro-vascular anastomoses | 1200 | 35 400.00 | 960 | 28 320.00 | 6 | 827.16 +T |
| 0295 | Local skin flaps (large, complicated) | 206 | 6 077.00 | 164.8 | 4 861.60 | 4 | 551.44 +T |
| 0296 | Other procedures of major technical nature | 206 | 6 077.00 | 164.8 | 4 861.60 | 4 | 551.44 +T |
| 0297 | Subsequent major procedure for repair of same lesion (modifier 0006 not applicable) | 104 | 3 068.00 | 104 | 3 068.00 | 4 | 551.44 +T |
| 4862 | Full thickness graft of the trunk, freegrafting including direct closure of donor site <=20cm$^2$ | 136.5 | 4 026.75 | 120 | 3 540.00 | 5 | 689.30 +T |
| 4863 | Full thickness graft of the trunk, freegrafting including closure of donor site, each addditional 20cm$^2$ (modifier 0005 not applicable) | 25.6 | 755.20 | 25.6 | 755.20 | 5 | 689.30 +T |
| 4864 | Full thickness graft of the scalp, arms and legs free grafting including direct closure of donor site <=20cm$^2$ | 140.3 | 4 138.85 | 120 | 3 540.00 | 5 | 689.30 +T |
| 4865 | Full thickness graft of the scalp, arms and legs free grafting including direct closure of donor site, each addditional 20cm$^2$ (modifier 0005 not applicable) | 23 | 678.50 | 23 | 678.50 | 5 | 689.30 +T |
| 4866 | Full thickness graft of the face, neck,axilla, genitalia, hands and /or feet , free grafting including donor site:<=20cm$^2$ | 163.4 | 4 820.30 | 130.72 | 3 856.24 | 5 | 689.30 +T |
| 4867 | Full thickness graft of the face, neck,axilla, genitalia, hands and /or feet , free grafting including direct closure of donor site, each additional 20cm$^2$ (modifier 0005 not applicable) | 36.2 | 1 067.90 | 36.2 | 1 067.90 | 5 | 689.30 +T |
| 4868 | Full thickness graft of the nose,ears, eyelids, and /or lips free grafting including direct closure of donor site: <=20cm$^2$ ● | 183.5 | 5 413.25 | 146.8 | 4 330.60 | 5 | 689.30 +T |
| 4869 | Full thickness graft of the nose,ears, eyelids, and /or lips free grafting including direct closure of donor site; each additional 20cm$^2$ (modifier 0005 not applicable) | 43.1 | 1 271.45 | 43.1 | 1 271.45 | 5 | 689.30 +T |
| 2.4 | **Lacerations, scars, cysts and other skin lesions** | | | | | | |
| 0300 | Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care | 14 | 413.00 | 14 | 413.00 | 3 | 413.58 +T |
| 0301 | Stitching of soft-tissue injuries: Additional wounds stitched at same session (each) | 7 | 206.50 | 7 | 206.50 | 3 | 413.58 +T |
| 0302 | Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage | 64 | 1 888.00 | 64 | 1 888.00 | 4 | 551.44 +T |
| 0303 | Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage | 128 | 3 776.00 | 120 | 3 540.00 | 4 | 551.44 +T |
| 0304 | Major debridement of wound, sloughectomy or secondary suture | 50 | 1 475.00 | 50 | 1 475.00 | 3 | 413.58 +T |
| 0305 | Needle biopsy - soft tissue | 25 | 737.50 | 25 | 737.50 | 3 | 413.58 +T |

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| 4830 | Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; <= 20 square cm | | 13.9 | 410.05 | 13.9 | 410.05 | 3 | 413.58 +T |
| 4831 | Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; ADD for every additional 20 square cm or part thereof | + | 5.3 | 156.35 | 5.3 | 156.35 | 3 | 413.58 +T |
| 4832 | Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; <= 20 square cm | | 36 | 1 062.00 | 36 | 1 062.00 | 5 | 689.30 +T |
| 4833 | Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; ADD for every additional 20 square cm or part thereof | + | 11.2 | 330.40 | 11.2 | 330.40 | 5 | 689.30 +T |
| 4834 | Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; <= 20 square cm | | 62.5 | 1 843.75 | 62.5 | 1 843.75 | 6 | 827.16 +T+M |
| 4835 | Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; ADD for every additional 20 square cm or part thereof | + | 19.5 | 575.25 | 19.5 | 575.25 | 6 | 827.16 +T+M |
| 0307 | Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude | | 27 | 796.50 | 27 | 796.50 | 3 | 413.58 +T |
| 0308 | Each additional small procedure done at the same time | | 14 | 413.00 | 14 | 413.00 | 3 | 413.58 +T |
| 0310 | Radical excision of nailbed | | 38 | 1 121.00 | 38 | 1 121.00 | 3 | 413.58 +T |
| 0314 | Requiring repair by large skin graft or large local flap or other procedures of similar magnitude | | 104 | 3 068.00 | 104 | 3 068.00 | 4 | 551.44 +T |
| 0315 | Requiring repair by small skin graft or small local flap or other procedures of similar magnitude | | 55 | 1 622.50 | 55 | 1 622.50 | 3 | 413.58 +T |
| 4856 | Split thickness autograft of the trunk, arms and/or legs <=100 $^2$ cm | | 153.6 | 4 531.20 | 122.88 | 3 624.96 | 5 | 689.30 +T |
| 4857 | Split thickness autograft of the trunk, arms and/or legs; each additional 100$^2$ cm or part thereof (modifier 0005 not applicable) | + | 31.5 | 929.25 | 31.5 | 929.25 | 5 | 689.30 +T |
| 4858 | Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100$^2$ cm | | 172 | 5 074.00 | 137.6 | 4 059.20 | 5 | 689.30 +T |
| 4859 | Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 $^2$ cm or part thereof (modifier 0005 not applicable) vingers of tone | + | 51.6 | 1 522.20 | 51.6 | 1 522.20 | 5 | 689.30 +T |
| 4872 | Acellular dermal allograft of the trunk, arms and/or legs <=100 $^2$ cm Use code once only | | 66.3 | 1 955.85 | 66.3 | 1 955.85 | 5 | 689.30 +T |
| 4873 | Acellular dermal allograft of the trunk, arms and/or legs; each additional 100 $^2$ cm or part thereof (modifier 0005 not applicable) Use in conjunction with primary code 4872 | + | 15.3 | 451.35 | 15.3 | 451.35 | 5 | 689.30 +T |
| 4874 | Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100 $^2$ cm | | 74 | 2 183.00 | 74 | 2 183.00 | 5 | 689.30 +T |
| 4875 | Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 $^2$ cm or part thereof (modifier 0005 not applicable) | + | 21.8 | 643.10 | 21.8 | 643.10 | 5 | 689.30 +T |
| 2.6 | **Burns** | | | | | | | |
| 0345 | Minor burns (Discontinued) | | | | | | | |
| 0347 | Moderate burns (Discontinued) | | | | | | | |
| 0351 | Major burns: Resuscitation (including supervision and intravenous therapy - first 48 hours) | | 276 | 8 142.00 | 220.8 | 6 513.60 | 5 | 689.30 +T |
| 0353 | Tangential excision and grafting: Small | | 100 | 2 950.00 | 100 | 2 950.00 | 5 | 689.30 +T |
| 0354 | Tangential excision and grafting: Large ● | | 200 | 5 900.00 | 160 | 4 720.00 | 5 | 689.30 +T |
| 2.7 | **Hands (skin)** | | | | | | | |
| 0355 | Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler | | 147.4 | 4 348.30 | 120 | 3 540.00 | 4 | 551.44 +T |
| 0357 | Small skin graft in acute hand injury | | 45 | 1 327.50 | 45 | 1 327.50 | 3 | 413.58 +T |
| 0359 | Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing | | 192 | 5 664.00 | 153.6 | 4 531.20 | 3 | 413.58 +T |
| 0361 | Z-plasty | | 220.1 | 6 492.95 | 176.08 | 5 194.36 | 3 | 413.58 +T |
| 0363 | Local flap and skin graft | | 150 | 4 425.00 | 120 | 3 540.00 | 3 | 413.58 +T |
| 0365 | Cross finger flap (all stages) | | 192 | 5 664.00 | 153.6 | 4 531.20 | 3 | 413.58 +T |
| 0367 | Palmarflap (all stages) | | 192 | 5 664.00 | 153.6 | 4 531.20 | 3 | 413.58 +T |
| 0369 | Distant flap: First stage | | 158 | 4 661.00 | 126.4 | 3 728.80 | 3 | 413.58 +T |
| 0371 | Distant flap: Subsequent stage (not subject to General Modifier 0005) | | 77 | 2 271.50 | 77 | 2 271.50 | 3 | 413.58 +T |
| 0373 | Transfer neurovascular island flap | | 230.5 | 6 799.75 | 184.4 | 5 439.80 | 3 | 413.58 +T |
| 0374 | Syndactyly: Separation of, including skin graft for one web (with skin flap and graft) | | 242.4 | 7 150.80 | 193.92 | 5 720.64 | 3 | 413.58 +T |
| 0375 | Dupuytren's contracture: Fasciotomy | | 51 | 1 504.50 | 51 | 1 504.50 | 3 | 413.58 +T |
| 0376 | Dupuytren's contracture: Fasciectomy | | 218 | 6 431.00 | 174.4 | 5 144.80 | 3 | 413.58 +T |

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| | **3. MUSCULO-SKELETAL SYSTEM** | | | | | | | | |
| 3.1 | **Bones** | | | | | | | | |
| 3.1.1 | **Fractures** | | | | | | | | |
| 0383 | Fracture (reduction under general anaesthetic): Scapula | | 112.3 | 3 312.85 | 112.3 | 3 312.85 | 3 | 413.58 | +T+M |
| 0384 | Fracture: Scapula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) | | 284.2 | 8 383.90 | 227.36 | 6 707.12 | 3 | 413.58 | +T+M |
| 0386 | Fracture: Clavicle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) | | 209.4 | 6 177.30 | 167.52 | 4 941.84 | 3 | 413.58 | +T+M |
| 0387 | Fracture (reduction under general anaesthetic): Clavicle | | 93.8 | 2 767.10 | 93.8 | 2 767.10 | 3 | 413.58 | +T+M |
| 0388 | Percutaneous pinning supracondylar fracture elbow - stand alone procedure | | 175.7 | 5 183.15 | 140.56 | 4 146.52 | 3 | 413.58 | +T+M |
| 0389 | Fracture (reduction under general anaesthetic): Humerus | | 129.6 | 3 823.20 | 129.6 | 3 823.20 | 3 | 413.58 | +T+M |
| 0390 | Fracture: Humerus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) | | 255.3 | 7 531.35 | 204.24 | 6 025.08 | 3 | 413.58 | +T+M |
| 0391 | Fracture (reduction under general anaesthetic): Radius and/or Ulna | | 135.7 | 4 003.15 | 120 | 3 540.00 | 3 | 413.58 | +T+M |
| 0392 | Open reduction of both radius and ulna (Modifier 0051 not applicable) | | 193.5 | 5 708.25 | 154.8 | 4 566.60 | 3 | 413.58 | +T+M |
| 0401 | Fracture: Carpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) | | 208.7 | 6 156.65 | 166.96 | 4 925.32 | 3 | 413.58 | +T+M |
| 0402 | Fracture (reduction under general anaesthetic): Carpal bone | | 64 | 1 888.00 | 64 | 1 888.00 | 3 | 413.58 | +T+M |
| 0403 | Bennett's fracture-dislocation | | 84.5 | 2 492.75 | 84.5 | 2 492.75 | 3 | 413.58 | +T+M |
| 0404 | Fracture: Bennett fracture/dislocation: Open reduction and internal fixation (modifiers 0051, 0052, 0055 not applicable) | | 179.8 | 5 304.10 | 143.84 | 4 243.28 | 3 | 413.58 | +T+M |
| 0405 | Fracture reduction under general anaesthetic: Open treatment of Metacarpal: Simple | | 75.4 | 2 224.30 | 75.4 | 2 224.30 | 3 | 413.58 | +T+M |
| 0406 | Fracture: Metacarpal bone: Open reduction and internal fixation (modifier 0052 not applicable) | | 163.6 | 4 826.20 | 130.88 | 3 860.96 | 3 | 413.58 | +T+M |
| 0409 | Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple | | 77 | 2 271.50 | 77 | 2 271.50 | 3 | 413.58 | +T+M |
| 0410 | Fracture: Finger phalanx, distal, simple: Open reduction and internal fixation (modifier 0052 not applicable) | | 141.1 | 4 162.45 | 120 | 3 540.00 | 3 | 413.58 | +T+M |
| 0413 | Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle<br>Replaces tariff code 0415 | | 50.5 | 1 489.75 | 50.5 | 1 489.75 | 3 | 413.58 | +T |
| 0414 | Fracture: Finger phalanx, proximal or middle: Open reduction and internal fixation (modifier 0052 not applicable)<br>Replaces tariff code 0411 | | 169.9 | 5 012.05 | 135.92 | 4 009.64 | 3 | 413.58 | +T |
| 0417 | Fracture (reduction under general anaesthetic): Pelvis fracture: Closed (modifier 0051 is applicable)<br>**Rule G does not apply** | | 137.2 | 4 047.40 | 120 | 3 540.00 | 3 | 413.58 | +T |
| 0419 | Fracture (reduction under general anaesthetic): Pelvis: Open reduction and internal fixation (modifier 0051 not applicable) | | 354.49 | 10 457.46 | 283.59 | 8 365.91 | 3 | 413.58 | +T+M |
| 0420 | Fracture: Acetabulum: Open reduction and internal fixation (modifiers 0051 not applicable) | | 560 | 16 520.00 | 448 | 13 216.00 | 3 | 413.58 | +T+M |
| 0421 | Fracture (reduction under general anaesthetic): Femur: Neck or Shaft | | 279.1 | 8 233.45 | 223.28 | 6 586.76 | 3 | 413.58 | +T+M |
| 0422 | Fracture: Femur neck or shaft: Open reduction and internal fixation (modifiers 0051 not applicable) | | 392.3 | 11 572.85 | 313.84 | 9 258.28 | 3 | 413.58 | +T+M |
| 0425 | Fracture (reduction under general anaesthetic) Patella | | 82.5 | 2 433.75 | 82.5 | 2 433.75 | 3 | 413.58 | +T+M |
| 0426 | Fracture: Patella: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) | | 219.5 | 6 475.25 | 175.6 | 5 180.20 | 3 | 413.58 | +T+M |
| 0429 | Fracture (reduction under general anaesthetic Tibia with or without Fibula | | 128 | 3 776.00 | 120 | 3 540.00 | 3 | 413.58 | +T+M |
| 0430 | Fracture: Tibia, with or without fibula: Open reduction and internal fixation (modifiers 0051 not applicable) | | 293.2 | 8 649.40 | 234.56 | 6 919.52 | 3 | 413.58 | +T+M |
| 0433 | Fracture (reduction under general anaesthetic) Fibula shaft | | 112.4 | 3 315.80 | 112.4 | 3 315.80 | 3 | 413.58 | +T+M |
| 0434 | Fracture: Fibula shaft: Open reduction and internal fixation (modifiers 0051 not applicable) | | 207 | 6 106.50 | 165.6 | 4 885.20 | 3 | 413.58 | +T+M |
| 0435 | Fracture (reduction under general anaesthetic: Malleolus of ankle | | 126.8 | 3 740.60 | 120 | 3 540.00 | 3 | 413.58 | +T+M |
| 0436 | Fracture: Ankle malleolus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) | | 207.1 | 6 109.45 | 165.68 | 4 887.56 | 3 | 413.58 | +T+M |
| 0437 | Fracture-dislocation of ankle | | 128 | 3 776.00 | 120 | 3 540.00 | 3 | 413.58 | +T+M |
| 0438 | Open reduction Talus fracture (Modifier 0051,0052 not applicable) | | 311.6 | 9 192.20 | 249.28 | 7 353.76 | 3 | 413.58 | +T+M |
| 0439 | Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus) | | 76.6 | 2 259.70 | 76.6 | 2 259.70 | 3 | 413.58 | +T+M |

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| 0440 | Open reduction Calcaneus fracture (Modifier 0051, 0052 not appicable) | | 403.5 | 11 903.25 | 322.5 | 9 513.75 | 3 | 413.58 | +T+M |
| 0441 | Fracture (reduction under general anaesthetic): Metatarsal | | 66.8 | 1 970.60 | 66.8 | 1 970.60 | 3 | 413.58 | +T+M |
| 0442 | Fracture: Metatarsal bones: Open reduction with internal fixation (modifiers 0052 not applicable) | | 154.7 | 4 563.65 | 123.76 | 3 650.92 | 3 | 413.58 | +T+M |
| 0443 | Fracture (reduction under general anaesthetic): Toe phalanx: Distal: Simple | | 66.8 | 1 970.60 | 66.8 | 1 970.60 | 3 | 413.58 | +T |
| 0444 | Fracture: Toe phalanx, distal: Open reduction with internal fixation (modifier 0052 not applicable)<br>Replaces tariff code 0445 | | 144.5 | 4 262.75 | 120 | 3 540.00 | 3 | 413.58 | +T |
| 0446 | Fracture: Tarsal bones (excluding talus and calcaneus): Open reduction with internal fixation (modifiers 0052 not applicable) | | 178.2 | 5 256.90 | 142.56 | 4 205.52 | 3 | 413.58 | +T+M |
| 0447 | Fracture (reduction under general anaesthetic): Other: Simple | | 26 | 767.00 | 26 | 767.00 | 3 | 413.58 | +T |
| 0448 | Fracture: Calcaneus (reduction under general anaesthetic) | | 103.3 | 3 047.35 | 103.3 | 3 047.35 | 3 | 413.58 | +T+M |

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| 0452 | Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest Replaces tariff code 0451 | | 230 | 6 785.00 | 184 | 5 428.00 | 3 | 413.58 +T+M |
| 3.1.1.1 | **Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures** | | | | | | | |
| 0465 | Fractures involving large joints: Includes the metaphysis of the relative bone. Modifiers 0051, 0052 applicable when open reduction and internal fixation are performed | | 288 | 8 496.00 | 230.4 | 6 796.80 | 3 | 413.58 +T+M |
| 0466 | Fractures involving digital joints: Includes the metaphysis of the relative bone. Open reduction and internal fixation (modifier 0052 not applicable) | | 210.9 | 6 221.55 | 168.72 | 4 977.24 | 3 | 413.58 +T+M |
| 0473 | Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pin (Not subject to rule G) (Modifier 0005 not applicable) | | 43 | 1 268.50 | 43 | 1 268.50 | 3 | 413.58 +T |
| 0475 | Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna | | 328.2 | 9 681.90 | 262.56 | 7 745.52 | 3 | 413.58 +T+M |
| 0479 | Bonegrafting or internal fixation for malunion or non-union: Other bones (not applicable to fingers and toes) | | 154 | 4 543.00 | 123.2 | 3 634.40 | 3 | 413.58 +T+M |
| 3.1.2 | **Bony operations** | | | | | | | |
| 3.1.2.1 | **Bone grafting** | | | | | | | |
| 0497 | Resection of bone with or without grafting | | 282 | 8 319.00 | 225.6 | 6 655.20 | 3 | 413.58 +T+M |
| 0498 | Resection of bone or tumour (malignant) with or without grafting (does not include digits) | | 340 | 10 030.00 | 272 | 8 024.00 | 3 | 413.58 +T+M |
| 0499 | Grafts to cysts: Large bones | | 192 | 5 664.00 | 153.6 | 4 531.20 | 3 | 413.58 +T+M |
| 0501 | Grafts to cysts: Small bones | | 128 | 3 776.00 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 0503 | Grafts to cysts: Cartilage graft | | 206 | 6 077.00 | 164.8 | 4 861.60 | 3 | 413.58 +T+M |
| 0505 | Grafts to cysts: Inter-metacarpal bone graft | | 147 | 4 336.50 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 0506 | Harvesting of graft: Cartilage graft, costochondral | | 91.1 | 2 687.45 | 91.1 | 2 687.45 | 6 | 827.16 +T |
| 0507 | Removal of autogenous bone for grafting (not subject to modifier 0005) | | 50 | 1 475.00 | 50 | 1 475.00 | 3 | 413.58 +T+M |
| 3.1.2.2 | **Acute/chronic osteomyelitis** | | | | | | | |
| 0512 | Sternum sequestrectomy and drainage: Including FOUR weeks after-care | | 128 | 3 776.00 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 3.1.2.3 | **Osteotomy** | | | | | | | |
| 0514 | Osteotomy: Sternum: Repair of pectus-excavatum | | 330 | 9 735.00 | 264 | 7 788.00 | 3 | 413.58 +T+M |
| 0515 | Osteotomy: Sternum: Repair of pectus carinatum | | 330 | 9 735.00 | 264 | 7 788.00 | 3 | 413.58 +T+M |
| 0516 | Osteotomy: Pelvic | | 320 | 9 440.00 | 256 | 7 552.00 | 3 | 413.58 +T+M |
| 0521 | Osteotomy: Femoral: Proximal (Modifier 0051 is applicable) | | 320 | 9 440.00 | 256 | 7 552.00 | 3 | 413.58 +T+M |
| 0527 | Osteotomy: Knee region (Modifier 0051 is applicable) | | 320 | 9 440.00 | 256 | 7 552.00 | 3 | 413.58 +T+M |
| 0528 | Osteotomy: Os Calcis (Dwyer operation) (Modifier 0051 is applicable) | | 115 | 3 392.50 | 115 | 3 392.50 | 3 | 413.58 +T+M |
| 0530 | Osteotomy: Metacarpal and phalanx: Corrective for mal-union or rotation (Modifier 0051 is applicable) | | 120 | 3 540.00 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 0531 | Rotational osteotomy tibia and fibula - stand alone procedure | | 278.9 | 8 227.55 | 223.12 | 6 582.04 | 3 | 413.58 +T+M |
| 0532 | Rotation osteotomy of the Radius, Ulna or Humerus(modifier 0051 is applicable) | | 160 | 4 720.00 | 128 | 3 776.00 | 3 | 413.58 +T+M |
| 0533 | Osteotomy single metatarsal (modifier 0051 is applicable) | | 60 | 1 770.00 | 60 | 1 770.00 | 3 | 413.58 +T+M |
| 0534 | Multiple metatarsal osteotomies (modifier 0051 is applicable) | | 150 | 4 425.00 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 3.1.2.4 | **Exostosis** | | | | | | | |
| 0535 | Exostosis: Excision: Readily accessible sites | | 60 | 1 770.00 | 60 | 1 770.00 | 3 | 413.58 +T+M |
| 0537 | Exostosis: Excision: Less accessible sites | | 96 | 2 832.00 | 96 | 2 832.00 | 3 | 413.58 +T+M |
| 3.1.2.5 | **Biopsy** | | | | | | | |
| 0539 | Needle Biopsy: Spine (no after-care), Modifier 0005 not applicable | | 50 | 1 475.00 | 50 | 1 475.00 | 4 | 551.44 +T |
| 0541 | Needle Biopsy: Other sites (no after-care), Modifier 0005 not applicable | | 32 | 944.00 | 32 | 944.00 | 4 | 551.44 +T |
| 0543 | Biopsy: Open (modifier 0005 is not applicable): Readily accessible site | | 64 | 1 888.00 | 64 | 1 888.00 | | As per bone/ Soos per been |
| 0545 | Biopsy: Open (modifier 0005 is not applicable): Less accessible site | | 96 | 2 832.00 | 96 | 2 832.00 | | As per bone/ Soos per been |
| 0547 | Dislocation: Clavicle either end | | 96.5 | 2 737.71 | 96.5 | 2 737.71 | 3 | 397.68 +T+M |
| 0549 | Dislocation: Shoulder | | 112.1 | 3 180.28 | 112.1 | 3 180.28 | 3 | 397.68 +T+M |
| 0551 | Dislocation: Elbow | | 133.6 | 3 941.20 | 120 | 3 540.00 | 3 | 413.58 +T+M |

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| 0552 | Dislocation: Wrist | 115.5 | 3 407.25 | 115.5 | 3 407.25 | 3 | 413.58 +T+M |
| 0553 | Dislocation: Perilunar transscaphoid fracture dislocation | 130 | 3 835.00 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 0555 | Dislocation: Lunate | 136.3 | 4 020.85 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 0556 | Dislocation: Carpo-metacarpo dislocation | 117.2 | 3 457.40 | 117.2 | 3 457.40 | 3 | 413.58 +T+M |
| 0557 | Dislocation: Metacarpo-phalangeal or interphalangeal joints (hand) | 107.3 | 3 165.35 | 107.3 | 3 165.35 | 3 | 413.58 +T+M |
| 0559 | Dislocation: Hip | 220.5 | 6 504.75 | 176.4 | 5 203.80 | 3 | 413.58 +T+M |
| 0561 | Dislocation: Knee, with manipulation | 181.2 | 5 345.40 | 144.96 | 4 276.32 | 3 | 413.58 +T+M |
| 0563 | Dislocation: Patella | 136.9 | 4 038.55 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 0565 | Dislocation: Ankle | 98.6 | 2 908.70 | 98.6 | 2 908.70 | 3 | 413.58 +T+M |
| 0567 | Dislocation: Sub-Talar dislocation | 92 | 2 714.00 | 92 | 2 714.00 | 3 | 413.58 +T+M |
| 0569 | Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal | 77 | 2 271.50 | 77 | 2 271.50 | 3 | 413.58 +T+M |
| 0571 | Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot) | 39.4 | 1 162.30 | 39.4 | 1 162.30 | 3 | 413.58 +T+M |
| 3.2.2 | **Operations for dislocations** | | | | | | |
| 0578 | Recurrent dislocation of shoulder | 200 | 5 900.00 | 160 | 4 720.00 | 3 | 413.58 +T+M |
| 0579 | Recurrent dislocation of all other joints | 161 | 4 749.50 | 128.8 | 3 799.60 | 3 | 413.58 +T+M |
| 3.2.3 | **Capsular operations** | | | | | | |
| 0582 | Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care) | 51 | 1 504.50 | 51 | 1 504.50 | 3 | 413.58 +T+M |
| 0583 | Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care) | 96 | 2 832.00 | 96 | 2 832.00 | 3 | 413.58 +T+M |
| 0585 | Capsulotomy or arthrotomy or biopsy or drainage of joint: Capsulectomy digital joint | 64 | 1 888.00 | 64 | 1 888.00 | 3 | 413.58 +T+M |
| 0586 | Multiple percutaneous capsulotomies of metacarpo-phalangeal joints | 90 | 2 655.00 | 90 | 2 655.00 | 3 | 413.58 +T+M |
| 0587 | Release of digital joint contracture | 128 | 3 776.00 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 3.2.4 | **Synovectomy** | | | | | | |
| 0589 | Synovectomy: Digital joint | 77 | 2 271.50 | 77 | 2 271.50 | 3 | 413.58 +T+M |
| 0592 | Synovectomy: Large joint | 160 | 4 720.00 | 128 | 3 776.00 | 3 | 413.58 +T+M |
| 0593 | Tendon synovectomy | 203.7 | 6 009.15 | 162.96 | 4 807.32 | 3 | 413.58 +T+M |
| 3.2.5 | **Arthrodesis** | | | | | | |
| 0597 | Arthrodesis: Shoulder | 224 | 6 608.00 | 179.2 | 5 286.40 | 3 | 413.58 +T+M |
| 0598 | Arthrodesis: Elbow | 180 | 5 310.00 | 144 | 4 248.00 | 3 | 413.58 +T+M |
| 0599 | Arthrodesis: Wrist | 180 | 5 310.00 | 144 | 4 248.00 | 3 | 413.58 +T+M |
| 0600 | Arthrodesis: Digital joint | 128 | 3 776.00 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 0601 | Arthrodesis: Hip | 320 | 9 440.00 | 256 | 7 552.00 | 3 | 413.58 +T+M |
| 0602 | Arthrodesis: Knee | 180 | 5 310.00 | 144 | 4 248.00 | 3 | 413.58 +T+M |
| 0603 | Arthrodesis: Ankle | 180 | 5 310.00 | 144 | 4 248.00 | 3 | 413.58 +T+M |
| 0604 | Arthrodesis: Sub-talar | 130 | 3 835.00 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 0605 | Arthrodesis: Stabilization of foot (triple-arthrodeses) | 180 | 5 310.00 | 144 | 4 248.00 | 3 | 413.58 +T+M |
| 0607 | Arthrodesis: Mid-tarsal wedge resection | 180 | 5 310.00 | 144 | 4 248.00 | 3 | 413.58 +T+M |
| 3.2.6 | **Arthroplasty** | | | | | | |
| 0614 | Arthroplasty: Debridement large joints | 160 | 4 720.00 | 128 | 3 776.00 | 3 | 413.58 +T+M |
| 0615 | Arthroplasty: Excision medial or lateral end of clavicle | 116 | 3 422.00 | 116 | 3 422.00 | 3 | 413.58 +T+M |
| 0617 | Shoulder: Acromioplasty | 192 | 5 664.00 | 153.6 | 4 531.20 | 3 | 413.58 +T+M |
| 0619 | Shoulder: Partial replacement | 277 | 8 171.50 | 221.6 | 6 537.20 | 5 | 689.30 +T+M |
| 0620 | Shoulder: Total replacement | 416 | 12 272.00 | 332.8 | 9 817.60 | 5 | 689.30 +T+M |
| 0621 | Elbow: Excision head of radius | 96 | 2 832.00 | 96 | 2 832.00 | 3 | 413.58 +T+M |
| 0622 | Elbow: Excision | 192 | 5 664.00 | 153.6 | 4 531.20 | 3 | 413.58 +T+M |
| 0623 | Elbow: Partial replacement | 188 | 5 546.00 | 150.4 | 4 436.80 | 3 | 413.58 +T+M |
| 0624 | Elbow: Total replacement | 282 | 8 319.00 | 225.6 | 6 655.20 | 3 | 413.58 +T+M |
| 0625 | Wrist: Excision distal end of ulna | 96 | 2 832.00 | 96 | 2 832.00 | 3 | 413.58 +T+M |
| 0626 | Wrist: Excision single bone | 110 | 3 245.00 | 110 | 3 245.00 | 3 | 413.58 +T+M |
| 0627 | Wrist: Excision proximal row | 166 | 4 897.00 | 132.8 | 3 917.60 | 3 | 413.58 +T+M |
| 0631 | Wrist: Total replacement | 249 | 7 345.50 | 199.2 | 5 876.40 | 3 | 413.58 +T+M |
| 0635 | Digital joint: Total replacement | 192 | 5 664.00 | 153.6 | 4 531.20 | 3 | 413.58 +T+M |
| 0637 | Hip: Total replacement | 416 | 12 272.00 | 332.8 | 9 817.60 | 3 | 413.58 +T+M |
| 0641 | Hip: Prosthetic replacement of femoral head | 288 | 8 496.00 | 230.4 | 6 796.80 | 3 | 413.58 +T+M |
| 0643 | Hip: Girdlestone | 320 | 9 440.00 | 256 | 7 552.00 | 3 | 413.58 +T+M |
| 0645 | Knee: Partial replacement | 277 | 8 171.50 | 221.6 | 6 537.20 | 3 | 413.58 +T+M |
| 0646 | Knee: Total replacement | 416 | 12 272.00 | 332.8 | 9 817.60 | 3 | 413.58 +T+M |
| 0649 | Ankle:Total replacement | 290.4 | 8 566.80 | 232.32 | 6 853.44 | 3 | 413.58 +T+M |
| 0650 | Ankle: Astragalectomy | 154 | 4 543.00 | 123.2 | 3 634.40 | 3 | 413.58 +T+M |

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| 3.2.7 | **Miscellaneous (Joints)** | | | | | | | |
| 0658 | Aspiration and/or injection: Small joint, bursa (e.g. fingers, toes) (excluding aftercare, modifier 0005 not applicable) | 11.4 | 336.30 | 11.4 | 336.30 | 3 | 413.58 | +T+M |
| 0659 | Aspiration and/or injection: Intermediate joint, bursa (e.g. temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) (excluding aftercare, modifier 0005 not applicable) | 12 | 354.00 | 12 | 354.00 | 3 | 413.58 | +T+M |
| 0660 | Aspiration and/or injection: Major joint, bursa (e.g. shoulder, hip, knee joint, subacromial bursa) (excluding aftercare, modifier 0005 not applicable) | 14.6 | 430.70 | 14.6 | 430.70 | 3 | 413.58 | +T+M |
| 0661 | Aspiration of joint or intra-articular injection (not subject to rule G) (Modifier 0005 not applicable) | 9 | 265.50 | 9 | 265.50 | 3 | 413.58 | +T |
| 0668 | Manipulation of knee joint under general anaesthesia (includes application of traction or other fixation devices) (excluding aftercare) (modifier 0005 is not applicable) | 43.1 | 1 271.45 | 43.1 | 1 271.45 | 3 | 413.58 | +T |
| 0667 | Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable | 60 | 1 770.00 | 60 | 1 770.00 | 3 | 413.58 | +T |
| 0669 | Manipulation large joint under general anaesthetic (not subject to rule G) (Modifier 0005 not applicable) | 14 | 413.00 | 14 | 413.00 | 4<br>3 | 551.44<br>413.58 | Hip+T<br>Knee / Should |
| 0673 | Menisectomy or operation for other internal derangement of knee: Medial OR lateral | 185.7 | 5 478.15 | 148.56 | 4 382.52 | 3 | 413.58 | +T+M |
| 3.2.8 | **Joint ligament reconstruction or suture** | | | | | | | |
| 0675 | Joint ligament reconstruction or suture: Ankle: Collateral | 160 | 4 720.00 | 128 | 3 776.00 | 3 | 413.58 | +T+M |
| 0676 | Joint ligament reconstruction or suture: Ankle (e.g. Watson-Jones type) | 191.5 | 5 649.25 | 153.2 | 4 519.40 | 3 | 413.58 | +T+M |
| 0677 | Joint ligament reconstruction or suture: Knee: Collateral | 196.8 | 5 805.60 | 157.44 | 4 644.48 | 3 | 413.58 | +T+M |
| 0678 | Joint ligament reconstruction or suture: Knee: Cruciate | 227.6 | 6 714.20 | 182.08 | 5 371.36 | 3 | 413.58 | +T+M |
| 0679 | Joint ligament reconstruction or suture: Ligament augmentation procedure of knee | 324.4 | 9 569.80 | 259.52 | 7 655.84 | 3 | 413.58 | +T+M |
| 0680 | Joint ligament reconstruction or suture: Digital joint ligament | 229.8 | 6 779.10 | 183.84 | 5 423.28 | 3 | 413.58 | +T+M |
| 3.3 | **Amputations** | | | | | | | |
| 3.3.1 | **Specific amputations** | | | | | | | |
| 0681 | Amputation: Humerus, includes primary closure | 211.6 | 6 242.20 | 169.28 | 4 993.76 | 4 | 551.44 | +T+M |
| 0682 | Amputation: Fore-quarter amputation | 397.8 | 11 735.10 | 318.24 | 9 388.08 | 9 | 1240.74 | +T+M |
| 0683 | Amputation: Through shoulder | 323 | 9 528.50 | 258.4 | 7 622.80 | 5 | 689.30 | +T+M |
| 0684 | Amputation: Forearm | 213.5 | 6 298.25 | 170.48 | 5 029.16 | 3 | 413.58 | +T+M |
| 0686 | Amputation: Ankle (eg., Syme, Pirogoff type) | 204.1 | 6 020.95 | 163.28 | 4 816.76 | 4 | 551.44 | +T+M |
| 0687 | Amputation: Metacarpal: One ray | 206.1 | 6 079.95 | 164.88 | 4 863.96 | 3 | 413.58 | +T+M |
| 0688 | Amputation: Foot, midtarsal (Chopart type) | 165.7 | 4 888.15 | 132 | 3 894.00 | 3 | 413.58 | +T+M |
| 0691 | Amputation: Finger or thumb | 183.9 | 5 425.05 | 146.4 | 4 318.80 | 3 | 413.58 | +T+M |
| 0692 | Scar revision/secondary closure: amputated thigh, through femur, any level | 150.7 | 4 445.65 | 120.56 | 3 556.52 | 3 | 413.58 | +T+M |
| 0693 | Hindquarter amputation | 470.7 | 13 885.65 | 376.56 | 11 108.52 | 6 | 827.16 | +T+M |
| 0694 | Scar revision/secondary closure: amputated leg, through tibia and fibula, any level | 173.9 | 5 130.05 | 139.12 | 4 104.04 | 3 | 413.58 | +T+M |
| 0695 | Amputation: Through hip joint region | 373.1 | 11 006.45 | 298.48 | 8 805.16 | 6 | 827.16 | +T+M |
| 0696 | Re-amputation: Thigh, through femur, any level | 217.3 | 6 410.35 | 173.84 | 5 128.28 | 3 | 413.58 | +T+M |
| 0697 | Amputation: Through thigh | 245 | 7 227.50 | 196 | 5 782.00 | 6 | 827.16 | +T+M |
| 0698 | Re-amputation: Leg, through tibia and fibula | 198.2 | 5 846.90 | 158.56 | 4 677.52 | 3 | 413.58 | +T+M |
| 0699 | Amputation: Below knee, through knee/Syme | 277.2 | 8 177.40 | 221.76 | 6 541.92 | 5 | 689.30 | +T+M |
| 0701 | Amputation: Trans-metatarsal or trans-tarsal | 223.8 | 6 602.10 | 179.04 | 5 281.68 | 3 | 413.58 | +T+M |
| 0705 | Amputation: Toe (skin flap included) | 167.1 | 4 929.45 | 133.68 | 3 943.56 | 3 | 413.58 | +T+M |
| 3.3.2 | **Post-amputation reconstruction** | | | | | | | |
| 0706 | Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler<br><br>**Note:** If not performed on thumb or index finger it must be motivated | 186.3 | 5 495.85 | 149.04 | 4 396.68 | 3 | 413.58 | +T+M |
| 0707 | Post-amputation reconstruction: Krukenberg reconstruction | 331.7 | 9 785.15 | 265.36 | 7 828.12 | 3 | 413.58 | +T+M |
| 0711 | Post-amputation reconstruction: Pollicization of the finger (Prior permission must be obtained from the Commissioner at all times) | 455.9 | 13 449.05 | 364.72 | 10 759.24 | 3 | 413.58 | +T+M |
| 0712 | Post-amputation reconstruction: Toe to thumb transfer (Prior permission must be obtained from the Commissioner at all times) | 800 | 23 600.00 | 640 | 18 880.00 | 3 | 413.58 | +T+M |
| 0700 | Scar revision/secondary closure: Amputated shoulder | 128.1 | 3 778.95 | 120 | 3 540.00 | 3 | 413.58 | +T |
| 0702 | Scar revision/secondary closure: Amputated humerus | 163.1 | 4 811.45 | 130.48 | 3 849.16 | 3 | 413.58 | +T |

| | | Specialist | | General Practitioner | | Anaesthetic | | |
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| 0704 | Scar revision/secondary closure: Amputated forearm | 184.1 | 5 430.95 | 147.28 | 4 344.76 | 3 | 413.58 | +T |
| 0708 | Re-amputation: Humerus | 223.1 | 6 581.45 | 178.48 | 5 265.16 | 6 | 827.16 | +T+M |
| 0710 | Re-amputation: Through forearm | 206 | 6 077.00 | 164.8 | 4 861.60 | 3 | 413.58 | +T+M |
| 3.4 | **Muscles, tendons and fascias** | | | | | | | |
| 3.4.1 | **Investigations** | | | | | | | |
| 0713 | Electromyography | 75 | 2 212.50 | 75 | 2 212.50 | 3 | 413.58 | +T |
| 0714 | Electro-myographic neuro-muscular junctional study, including edrophonium respons (cannot to be used with tariff code 2730) | 57 | 1 681.50 | 57 | 1 681.50 | 3 | 413.58 | +T |
| 0715 | Strength duration curve per session | 10.5 | 309.75 | 10.5 | 309.75 | 3 | 413.58 | +T |
| 0717 | Electrical examination of single nerve or muscle | 9 | 265.50 | 9 | 265.50 | 3 | 413.58 | +T |
| 0721 | Voltage integration during isometric contraction | 12 | 354.00 | 12 | 354.00 | 3 | 413.58 | +T |
| 0723 | Tonometry with edrophonium | 8 | 236.00 | 8 | 236.00 | 3 | 413.58 | +T |
| 0725 | Isometric tension studies with edrophonium | 10 | 295.00 | 10 | 295.00 | 3 | 413.58 | +T |
| 0727 | Cranial reflex study (both early and late responses) supra occulofacial, corneofacial or flabellofacial: Unilateral | 8 | 236.00 | 8 | 236.00 | 3 | 413.58 | +T |
| 0728 | Cranial reflex study (both early and late responses) supra occulofacial, corneofacial or flabellofacial: Bilateral | 14 | 413.00 | 14 | 413.00 | 3 | 413.58 | +T |
| 0729 | Tendon reflex time | 7 | 206.50 | 7 | 206.50 | 3 | 413.58 | +T |
| 0730 | Limb-brain somatosensory studies (per limb) | 49 | 1 445.50 | 49 | 1 445.50 | 3 | 413.58 | +T |
| 0731 | Vision and audiosensory studies | 49 | 1 445.50 | 49 | 1 445.50 | | | |
| 0733 | Motor nerve conduction studies (single nerve) | 26 | 767.00 | 26 | 767.00 | | | |
| 0735 | Examinations of sensory nerve conduction by sweep averages (single nerve) | 31 | 914.50 | 31 | 914.50 | 3 | 413.58 | +T |
| 0737 | Biopsy for motor nerve terminals and end plates | 20 | 590.00 | 20 | 590.00 | 3 | 413.58 | +T |
| 0739 | Combined muscle biopsy with end plates and nerve terminal biopsy | 34 | 1 003.00 | 34 | 1 003.00 | 8 | 1102.88 | +T |
| 0740 | Muscle fatigue studies | 20 | 590.00 | 20 | 590.00 | 3 | 413.58 | +T |
| 0741 | Muscle biopsy | 20 | 590.00 | 20 | 590.00 | 8 | 1102.88 | +T |
| 0742 | Global fee for all muscle studies, including histochemical studies | 262 | 7 729.00 | | | | | |
| 4701 | Biochemical estimations on muscle biopsy specimens: Creatine kinase | 20.25 | 597.38 | | | | | |
| 4703 | Biochemical estimations on muscle biopsy specimens: Adenylate kinase | 33.3 | 982.35 | | | | | |
| 4705 | Biochemical estimations on muscle biopsy specimens: Pyruvate kinase | 5.7 | 168.15 | | | | | |
| 4707 | Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase | 1.6 | 47.20 | | | | | |
| 4709 | Biochemical estimations on muscle biopsy specimens: Adenylate deaminase | 9.9 | 292.05 | | | | | |
| 4711 | Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase | 13.7 | 404.15 | | | | | |
| 4713 | Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase | 25.9 | 764.05 | | | | | |
| 4715 | Biochemical estimations on muscle biopsy specimens: Enolase | 32.7 | 964.65 | | | | | |
| 4717 | Biochemical estimations on muscle biopsy specimens: Phosphofructokinase | 37.7 | 1 112.15 | | | | | |
| 4719 | Biochemical estimations on muscle biopsy specimens: Aldolase | 15.75 | 464.63 | | | | | |
| 4721 | Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 Phosphate Dehydrogenase | 11.06 | 326.27 | | | | | |
| 4723 | Biochemical estimations on muscle biopsy specimens: Phosphorylase | 34.7 | 1 023.65 | | | | | |
| 4725 | Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase | 40.3 | 1 188.85 | | | | | |
| 4727 | Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase | 28.8 | 849.60 | | | | | |
| 3.4.2 | **Decompression Operations** | | | | | | | |
| 5550 | Decompression fasciotomy: Buttock compartment(s): Unilateral | 243 | 7 168.50 | 194.4 | 5 734.80 | 5 | 689.30 | +T+M |
| 5551 | Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). EXCLUDES debridement of nonviable muscle and/or nerve | 151.9 | 4 481.05 | 121.52 | 3 584.84 | 3 | 413.58 | +T+M |
| 5552 | Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). INCLUDES debridement of nonviable muscle and/or nerve | 253.1 | 7 466.45 | 202.48 | 5 973.16 | 3 | 413.58 | +T+M |
| 5553 | Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. EXCLUDES debridement of nonviable muscle and/or nerve | 123.7 | 3 649.15 | 120 | 3 540.00 | 3 | 413.58 | +T+M |

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| 5554 | Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. INCLUDES debridement of nonviable muscle and/or nerve | 162.1 | 4 781.95 | 129.68 | 3 825.56 | 3 | 413.58 +T+M |
| 5555 | Decompression fasciotomy: Leg: Posterior compartment only. EXCLUDES debridement of nonviable muscle and/or nerve | 130.8 | 3 858.60 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 5556 | Decompression fasciotomy: Leg: Posterior compartment only. INCLUDES debridement of nonviable muscle and/or nerve | 171.5 | 5 059.25 | 137.2 | 4 047.40 | 3 | 413.58 +T+M |
| 5557 | Decompression fasciotomy: Fasciotomy/tenotomy, iliotibial | 137.3 | 4 050.35 | 120 | 3 540.00 | 4 | 551.44 +T+M |
| 5558 | Decompression fasciotomy: Fasciotomy: Foot and/or toe | 86.6 | 2 554.70 | 86.6 | 2 554.70 | 3 | 413.58 +T+M |
| 5559 | Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. EXCLUDES debridement of nonviable muscle or nerve | 226.3 | 6 675.85 | 181.04 | 5 340.68 | 3 | 413.58 +T+M |
| 5560 | Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. INCLUDES debridement of nonviable muscle or nerve | 354.5 | 10 457.75 | 283.6 | 8 366.20 | 3 | 413.58 +T+M |
| 5561 | Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. EXCLUDES debridement of nonviable muscle or nerve | 166.8 | 4 920.60 | 133.44 | 3 936.48 | 3 | 413.58 +T+M |
| 5562 | Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. INCLUDES debridement of nonviable muscle or nerve | 321.1 | 9 472.45 | 256.88 | 7 577.96 | 3 | 413.58 +T+M |
| 5563 | Decompression fasciotomy: Fingers and/or hand | 165.6 | 4 885.20 | 132.48 | 3 908.16 | 3 | 413.58 +T+M |
| 3.4.3 | **Muscle and tendon repair** | | | | | | |
| 0745 | Muscle and tendon repair: Biceps humeri | 109 | 3 215.50 | 109 | 3 215.50 | 3 | 413.58 +T |
| 0746 | Muscle and tendon repair: Removal of calcification in Rotator cuff | 96 | 2 832.00 | 96 | 2 832.00 | 3 | 413.58 +T+M |
| 0747 | Muscle and tendon repair: Rotator cuff | 134 | 3 953.00 | 120 | 3 540.00 | 4 | 551.44 +T |
| 0748 | Muscle and tendon repair: Debridement rotator cuff | 139.7 | 4 121.15 | 120 | 3 540.00 | 4 | 551.44 +T |
| 0749 | Muscle and tendon repair: Scapulopexy - stand alone procedure | 271.9 | 8 021.05 | 217.52 | 6 416.84 | 4 | 551.44 +T |
| 0755 | Muscle and tendon repair: Infrapatellar or quadriceps tendon | 128 | 3 776.00 | 120 | 3 540.00 | 3 | 413.58 +T |
| 0757 | Muscle and tendon repair: Achilles tendon repair | 197.6 | 5 829.20 | 158.08 | 4 663.36 | 4 | 551.44 +T |
| 0759 | Muscle and tendon repair: Other single tendon | 77 | 2 271.50 | 77 | 2 271.50 | 3 | 413.58 +T |
| 0760 | Hand: Flexor tendon suture: Primary, zone 1 (each) (modifier 0005 applicable) | 220.3 | 6 498.85 | 176.24 | 5 199.08 | 3 | 413.58 +T |
| 0761 | Hand: Flexor tendon repair: Primary, zone 2 (no mans land) (each) (modifier 0005 applicable) | 249.6 | 7 363.20 | 199.68 | 5 890.56 | 3 | 413.58 +T |
| 0762 | Hand: Flexor tendon suture: Primary, zone 3 and 4 (wrist and forearm) (each) (modifier 0005 applicable) | 191.3 | 5 643.35 | 153.04 | 4 514.68 | 3 | 413.58 +T |
| 0763 | Muscle and tendon repair: Tendon or ligament injection | 9 | 265.50 | 9 | 265.50 | 3 | 413.58 +T |
| 0764 | Hand: Flexor tendon repair: Secondary, zone 1 | 243.9 | 7 195.05 | 195.12 | 5 756.04 | 3 | 413.58 +T |
| 0765 | Hand: Flexor tendon repair: Secondary, zone 2 (no mans land) | 249.6 | 7 363.20 | 199.68 | 5 890.56 | 3 | 413.58 +T |
| 0766 | Hand: Flexor tendon repair: Secondary, zone 3 and 4 (wrist and forearm) | 190.6 | 5 622.70 | 152.48 | 4 498.16 | 3 | 413.58 +T |
| 0768 | Repair: Intrinsic muscles of hand (each) (modifier 0005 applicable) | 125.3 | 3 696.35 | 100.24 | 2 957.08 | 3 | 413.58 +T |
| 0771 | Extensor tendon suture: Primary (per tendon, Modifier 0005 not applicable) | 129.7 | 3 826.15 | 120 | 3 540.00 | 3 | 413.58 +T |
| 0773 | Extensor tendon suture: Secondary (per tendon, Modifier 0005 not applicable) | 170 | 5 015.00 | 136 | 4 012.00 | 3 | 413.58 +T |
| 0774 | Repair of Boutonniére deformity or Mallet Finger with graft | 216.6 | 6 389.70 | 216.6 | 6 389.70 | 3 | 413.58 +T |
| 3.4.4 | **Tendon graft** | | | | | | |
| 0775 | Free tendon graft | 160 | 4 720.00 | 128 | 3 776.00 | 3 | 413.58 +T |
| 0776 | Reconstruction of pulley for flexor tendon | 180.2 | 5 315.90 | 144.16 | 4 252.72 | 3 | 413.58 +T |
| 0777 | Tendon graft: Finger: Flexor | 192 | 5 664.00 | 153.6 | 4 531.20 | 3 | 413.58 +T |
| 0779 | Tendon graft: Finger: Extensor | 122 | 3 599.00 | 120 | 3 540.00 | 3 | 413.58 +T |
| 0780 | Two stage flexor tendon graft using silastic rod | 240 | 7 080.00 | 192 | 5 664.00 | 3 | 413.58 +T |
| 3.4.5 | **Tenolysis** | | | | | | |
| 0781 | Tendon freeing operation, except where specified elsewhere | 64 | 1 888.00 | 64 | 1 888.00 | 3 | 413.58 +T |
| 0782 | Carpal tunnel syndrome | 123 | 3 628.50 | 120 | 3 540.00 | 3 | 413.58 +T |
| 0783 | Tenolysis: De Quervain | 38 | 1 121.00 | 38 | 1 121.00 | 3 | 413.58 +T |
| 0784 | Trigger finger | 38 | 1 121.00 | 38 | 1 121.00 | 3 | 413.58 +T |
| 0785 | Flexor tendon freeing operation following free tendon graft or suture | 276.1 | 8 144.95 | 220.88 | 6 515.96 | 3 | 413.58 +T |
| 0787 | Extensor tendon freeing operation following graft or suture in finger, hand or forearm | 212.2 | 6 259.90 | 170 | 5 015.00 | 3 | 413.58 +T |

| | | | Specialist | | General Practitioner | | Anaesthetic | |
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| | | | U | R | U | R | U | R T |
| 0788 | Intrinsic tendon release per finger | | 64 | 1 888.00 | 64 | 1 888.00 | 3 | 413.58 +T |
| 0789 | Central tendon tenotomy for Boutonniére deformity | | 64 | 1 888.00 | 64 | 1 888.00 | 3 | 413.58 +T |
| 3.4.6 | Tenodesis | | | | | | | |
| 0790 | Tenodesis: Digital joint (each) (modifier 0005 applicable) | | 176.2 | 5 197.90 | 140.96 | 4 158.32 | 3 | 413.58 +T |

| | | | Specialist | | General Practitioner | | Anaesthetic | |
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| | | | U | R | U | R | U | R T |
| 3.4.7 | **Muscle, tendon and fascia transfer** | | | | | | | |
| 0791 | Single tendon transfer | | 96 | 2 832.00 | 96 | 2 832.00 | 3 | 413.58 +T |
| 0792 | Multiple tendon transfer | | 128 | 3 776.00 | 120 | 3 540.00 | 3 | 413.58 +T |
| 0793 | Hamstring to quadriceps transfer | | 141 | 4 159.50 | 120 | 3 540.00 | 3 | 413.58 +T |
| 0794 | Pectoralis major or Latissimus dorsi transfer to biceps tendon | | 320 | 9 440.00 | 256 | 7 552.00 | 5 | 689.30 +T |
| 0795 | Tendon transfer at elbow | | 116 | 3 422.00 | 116 | 3 422.00 | 3 | 413.58 +T |
| 0803 | Hand tendons: Single transfer (each) (modifier 0005 applicable) | | 216.2 | 6 377.90 | 172.96 | 5 102.32 | 3 | 413.58 +T |
| 0809 | Hand tendons: Substitution for intrinsic paralysis of hand/hand tendon (all four fingers) | | 330.6 | 9 752.70 | 264.48 | 7 802.16 | 3 | 413.58 +T |
| 0811 | Hand tendons: Opponens tendon transfer (including obtaining of graft) | | 220.6 | 6 507.70 | 176.48 | 5 206.16 | 3 | 413.58 +T |
| 3.4.8 | **Muscle slide operations and tendon lengthening** | | | | | | | |
| 0812 | Percutaneous Tenotomy: All sites | | 140.5 | 4 144.75 | 120 | 3 540.00 | 3 | 413.58 +T |
| 0813 | Torticollis | | 96 | 2 832.00 | 96 | 2 832.00 | 5 | 689.30 +T |
| 0815 | Scalenotomy | | 132 | 3 894.00 | 120 | 3 540.00 | 5 | 689.30 +T |
| 0817 | Scalenotomy with excision of first rib | | 190 | 5 605.00 | 152 | 4 484.00 | 3 | 413.58 +T+M |
| 0822 | Open release elbow (Mitals) - stand alone procedure | | 278.2 | 8 206.90 | 222.56 | 6 565.52 | 3 | 413.58 +T+M |
| 0823 | Excision or slide for Volksmann's Contracture | | 192 | 5 664.00 | 153.6 | 4 531.20 | 3 | 413.58 +T |
| 0825 | Hip: Open muscle release | | 116 | 3 422.00 | 116 | 3 422.00 | 7 | 965.02 +T |
| 0829 | Knee: Quadriceps plasty | | 160 | 4 720.00 | 128 | 3 776.00 | 3 | 413.58 +T |
| 0831 | Knee: Open tenotomy | | 141 | 4 159.50 | 120 | 3 540.00 | 3 | 413.58 +T |
| 0835 | Calf | | 96 | 2 832.00 | 96 | 2 832.00 | 4 | 551.44 +T |
| 0837 | Open Elongation Tendon Achilles | | 96 | 2 832.00 | 96 | 2 832.00 | 4 | 551.44 +T |
| 0838 | Percutaneous "Hoke" elongation tendoachilles - stand alone procedure | | 79.3 | 2 339.35 | 79.3 | 2 339.35 | 4 | 551.44 +T |
| 0845 | Foot: Plantar fasciotomy | | 70 | 2 065.00 | 70 | 2 065.00 | 3 | 413.58 +T |
| 3.5 | **Bursae and ganglia** | | | | | | | |
| 0847 | Excision: Semi-membranosus | | 90 | 2 655.00 | 90 | 2 655.00 | 4 | 551.44 +T |
| 0849 | Excision: Prepatellar | | 45 | 1 327.50 | 45 | 1 327.50 | 3 | 413.58 +T |
| 0851 | Excision: Olecranon | | 81.8 | 2 413.10 | 81.8 | 2 413.10 | 3 | 413.58 +T |
| 0853 | Excision: Small bursa or ganglion | | 80.9 | 2 386.55 | 80.9 | 2 386.55 | 3 | 413.58 +T |
| 0855 | Excision: Compound palmar ganglion or synovectomy | | 128 | 3 776.00 | 120 | 3 540.00 | 3 | 413.58 +T |
| 0857 | Bursae and ganglia: Aspiration or injection (not subject to rule G) (Modifier 0005 not applicable) | | 9 | 265.50 | 9 | 265.50 | 3 | 413.58 +T |
| 3.6 | **Musculo-skeletal system: Miscellaneous** | | | | | | | |
| 3.6.1 | **Musculo-skeletal system: Miscellaneous Leg lengthening** | | | | | | | |
| 0861 | Leg equalisation, congenital hips and feet: Leg lengthening | | 416 | 12 272.00 | 332.8 | 9 817.60 | 3 | 413.58 +T+M |
| 3.6.2 | **Musculo-skeletal system: Miscellaneous: Removal of internal fixatives or prosthesis** | | | | | | | |
| 0883 | Readily accessible | | 44.4 | 1 309.80 | 44.4 | 1 309.80 | | As per bone specify |
| 0884 | Less accessible | | 127 | 3 746.50 | 120 | 3 540.00 | | + M |
| 0885 | Removal of prosthesis for infection soon after operation | | 128 | 3 776.00 | 120 | 3 540.00 | | As per bone +M |
| 0886 | Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the tariff code for total joint replacement of the specific joint | + | 64 | 1 888.00 | 64 | 1 888.00 | 6 | 827.16 +T+M |
| 3.6.3 | **Musculo-skeletal system: Miscellaneous: Removal of foreign bodies** | | | | | | | |
| 0644 | Removal of foreign body: Shoulder, subcutaneous<br>Use tariff code 0473 for removal of Kirshner wires and Steinmann pins post operatively<br>Modifier 0049- 0051, 0055 and 0058 is not applicable. | | 49.7 | 1 466.15 | 49.7 | 1 466.15 | 3 | 413.58 +T |
| 0647 | Removal of foreign body: Upper arm or elbow area, subcutaneous<br>Use tariff code 0473 for removal of Kirshner wires and Steinmann pins post operatively<br>Modifier 0049- 0051, 0055 and 0058 is not applicable. | | 41.7 | 1 230.15 | 41.7 | 1 230.15 | 3 | 413.58 +T |
| 0648 | Removal of foreign body: Upper arm or elbow area, subfascial or intramuscular<br>Use tariff code 0473 for removal of Kirshner wires and Steinmann pins post operatively<br>Modifier 0049- 0051, 0055 and 0058 is not applicable. | | 109 | 3 215.50 | 109 | 3 215.50 | 3 | 413.58 +T |

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| 0651 | Exploration with removal of deep foreign body: Forearm or wrist<br>Use tariff code 0473 for removal of Kirshner wires and Steinmann pins post operatively<br>Modifier 0049- 0051, 0055 and 0058 is not applicable. | 122.8 | 3 622.60 | 120 | 3 540.00 | 3 | 413.58 +T |
| 0652 | Removal of foreign body: Pelvis or hip, subcutaneous tissue<br>Use tariff code 0473 for removal of Kirshner wires and Steinmann pins post operatively<br>Modifier 0049- 0051, 0055 and 0058 is not applicable. | 45.3 | 1 336.35 | 45.3 | 1 336.35 | 6 | 827.16 +T |
| 0653 | Removal of foreign body: Pelvis or hip, subfascial or intramuscular<br>Use tariff code 0473 for removal of Kirshner wires and Steinmann pins post operatively<br>Modifier 0049- 0051, 0055 and 0058 is not applicable. | 186.9 | 5 513.55 | 149.52 | 4 410.84 | 6 | 827.16 +T |
| 0654 | Removal of foreign body: Thigh or knee area, subfascial or intramuscular<br>Use tariff code 0473 for removal of Kirshner wires and Steinmann pins post operatively<br>Modifier 0049- 0051, 0055 and 0058 is not applicable. | 120.6 | 3 557.70 | 120 | 3 540.00 | 4 | 551.44 +T |
| 0655 | Removal of foreign body: Foot, subcutaneous<br>Use tariff code 0473 for removal of Kirshner wires and Steinmann pins post operatively<br>Modifier 0049- 0051, 0055 and 0058 is not applicable. | 40 | 1 180.00 | 40 | 1 180.00 | 3 | 413.58 +T |
| 0656 | Removal of foreign body: Foot, deep<br>Use tariff code 0473 for removal of Kirshner wires and Steinmann pins post operatively<br>Modifier 0049- 0051, 0055 and 0058 is not applicable. | 94.2 | 2 778.90 | 94.2 | 2 778.90 | 3 | 413.58 +T |
| 0657 | Removal of foreign body: Foot, complicated<br>Use tariff code 0473 for removal of Kirshner wires and Steinmann pins post operatively<br>Modifier 0049- 0051, 0055 and 0058 is not applicable. | 110.5 | 3 259.75 | 110.5 | 3 259.75 | 3 | 413.58 +T |
| 3.7 | **Plasters (not subject to rule G)**<br>**Note:** The initial application of a plaster cast is included in the scheduled fee<br>**Note:** The Commissioner will only consider payment i.r.o. splinting material (Scotschcast, Dynacast, etc.) in the following cases (not applicable when Plaster of Paris is used):<br>Where extremity splints are applied for at least five weeks:<br>A maximum of one application for an upper extremity injury<br>A maximum of two applications for a lower extremity injury | | | | | | |
| 0887 | Application of long leg cast (femur to toes, humerus) (excluding aftercare) (first cast included in procedure)<br>Appropriate to use tariff code 0887 as an independent procedure without reduction of fracture under anaesthestic<br>Modifier 0011 is not appropriate if procedure is performed in rooms as an emergency<br>Modifier 0005 does not apply. | 29.5 | 870.25 | 29.5 | 870.25 | 3 | 413.58 +T |
| 0888 | Application of short limb cast (forearm, lower leg) (excluding aftercare) (first cast included in procedure)<br>Modifier 0005 does not apply. | 18.4 | 542.80 | 18.4 | 542.80 | 3 | 413.58 +T |
| 0889 | Application of spica, plaster jacket or hinged cast brace (excluding aftercare) (first cast included in procedure)<br>Modifier 0005 does not apply. | 41.4 | 1 221.30 | 41.4 | 1 221.30 | 4 | 551.44 +T |
| 0892 | Application of cast: Revision (walker, window, bivalve) (excluding aftercare)<br>Modifier 0005 does not apply. | 18.9 | 557.55 | 18.9 | 557.55 | 5 | 689.30 +T |
| 0971 | Halo-splint and POP jacket including two weeks aftercare | 116 | 3 422.00 | 116 | 3 422.00 | | |
| 3.8 | **Specific areas** | | | | | | |
| 3.8.1 | **Foot and ankle** | | | | | | |
| 0900 | Excision tarsal coalition - stand alone procedure | 141.5 | 4 174.25 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 0901 | Tenotomy single tendon | 63.3 | 1 867.35 | 63.3 | 1 867.35 | 3 | 413.58 +T+M |
| 0903 | Hammertoe: one toe | 99.5 | 2 935.25 | 99.5 | 2 935.25 | 3 | 413.58 +T+M |
| 0905 | Fillet of toe or Ruiz-Mora procedure | 99.5 | 2 935.25 | 99.5 | 2 935.25 | 3 | 413.58 +T+M |
| 0906 | Arthrodesis Hallux | 148 | 4 366.00 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 0909 | Excision arthroplasty | 145.2 | 4 283.40 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 0910 | Cheilectomy or metatarsophangeal implant Hallux | 183 | 5 398.50 | 146.4 | 4 318.80 | 3 | 413.58 +T+M |

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| 0911 | Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure | | 189.2 | 5 581.40 | 151.36 | 4 465.12 | 3 | 413.58 +T+M |
| 5730 | Hallux valgus double osteotomy etc | | 182.6 | 5 386.70 | 146.08 | 4 309.36 | 3 | 413.58 +T+M |
| 5731 | Distal soft tissue procedure for Hallux Valgus | | 173.6 | 5 121.20 | 138.88 | 4 096.96 | 3 | 413.58 +T+M |
| 5732 | Aitkin procedure or similar | | 166.8 | 4 920.60 | 133.44 | 3 936.48 | 3 | 413.58 +T+M |
| 5734 | Removal bony prominence foot (bunionette not applicable to COID) | | 91 | 2 684.50 | 91 | 2 684.50 | 3 | 413.58 +T+M |
| 5735 | Repair angular deformity toe (lesser toes) | | 97.2 | 2 867.40 | 97.2 | 2 867.40 | 3 | 413.58 +T+M |
| 5736 | Sesamoidectomy | | 97.8 | 2 885.10 | 97.8 | 2 885.10 | 3 | 413.58 +T+M |
| 5737 | Repair major foot tendons e.g. Tib Post | | 147.3 | 4 345.35 | 120 | 3 540.00 | 3 | 413.58 +T |
| 5738 | Repair of dislocating peroneal tendons | | 173.2 | 5 109.40 | 138.56 | 4 087.52 | 3 | 413.58 +T |
| 5740 | Steindler strip – plantar fascia | | 97.2 | 2 867.40 | 97.2 | 2 867.40 | 3 | 413.58 +T |
| 5742 | Tendon transfer foot | | 172 | 5 074.00 | 137.6 | 4 059.20 | 3 | 413.58 +T |
| 5743 | Capsulotomy metatarsophalangeal joints – foot | | 86.8 | 2 560.60 | 86.8 | 2 560.60 | 3 | 413.58 +T |
| 3.8.2 | **Replantation** | | | | | | | |
| 0912 | Replantation of amputated upper limb proximal to wrist joint | | 730 | 21 535.00 | 584 | 17 228.00 | 3 | 413.58 +T+M |
| 0913 | Replantation of thumb | | 670 | 19 765.00 | 536 | 15 812.00 | 3 | 413.58 +T+M |
| 0914 | Replantation of a single digit (to be motivated), for multiple digits, modifier 0005 applicable | | 580 | 17 110.00 | 464 | 13 688.00 | 3 | 413.58 +T+M |
| 0915 | Replantation operation through the palm | | 1270 | 37 465.00 | 1016 | 29 972.00 | 3 | 413.58 +T+M |
| 3.8.3 | **Hands: (Note: Skin: See Integumentary system)** | | | | | | | |
| 0919 | Tumours: Epidermiod cysts | | 35 | 1 032.50 | 35 | 1 032.50 | 3 | 397.68 +T+M |
| 0922 | Removal of foreign bodies requiring incision: Under local anaesthetic | | 19 | 560.50 | 19 | 560.50 | 3 | 397.68 +T+M |
| 0923 | Removal of foreign bodies requiring incision: Under general or regional anaesthetic | | 32 | 944.00 | 32 | 944.00 | 3 | 397.68 +T+M |
| 0924 | Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) | | 37 to 110 | 1 091.50 3 245.00 | 37 to 110 | 1 091.50 3 245.00 | 3 | 413.58 +T+M |
| 0925 | Crushed hand injuries: Subsequent dressing changes under general anaesthetic | | 16 | 472.00 | 16 | 472.00 | 3 | 413.58 +T+M |
| 0926 | Initial treatment of fractures, tendons, nerves, loss of skin and blood vessels, including removal of dead tissue under general anaesthesia and six weeks after-care | | 269 | 7 935.50 | 215.2 | 6 348.40 | 3 | 413.58 +T+M |
| 3.8.4 | **Spine** | | | | | | | |
| 0927 | Excision of one vertebral body, for a lesion within the body (no decompression) | | 207 | 6 106.50 | 165.6 | 4 885.20 | 3 | 413.58 +T+M |
| 0928 | Excision of each additional vertebral segment for a lesion within the body (no decompression) | + | 42 | 1 239.00 | 42 | 1 239.00 | 3 | 413.58 +T+M |
| 0929 | Manipulation of spine under general anaesthetic (no aftercare) (modifier 0005 is not applicable)<br>Tariff code may not be used with spinal manipulation done in rooms because such manipulation is considered part of visit/ consultation | | 14 | 413.00 | 14 | 413.00 | 5 | 689.30 +T+M |
| 0930 | Posterior osteotomy of spine: One vertebral segment<br>Appropriate tariff codes for instrumentation and bone graft may be added | | 339 | 10 000.50 | 271.2 | 8 000.40 | 3 | 413.58 +T+M |
| 0931 | Posterior spinal fusion: One level<br>Tariff code 0946 can be added | | 385 | 11 357.50 | 308 | 9 086.00 | 3 | 413.58 +T+M |
| 0932 | Posterior osteotomy of spine: Each additional vertebral segment<br>Appropriate tariff codes for instrumentation and bone graft may be added<br>Modifier 0005 does not apply<br>Add to tariff code 0930<br>Appropriate tariff codes for instrumentation and bone graft may be added | + | 103 | 3 038.50 | 103 | 3 038.50 | 3 | 413.58 +T+M |
| 0933 | Anterior spinal osteotomy with disc removal: One vertebral segment<br>Tariff code 0936 can be added<br>Appropriate tariff codes for instrumentation and bone graft may be added | | 315 | 9 292.50 | 252 | 7 434.00 | 3 | 413.58 +T+M |

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| 0936 | Anterior spinal osteotomy with disc removal: Each additional vertebral segment<br>Modifier 0005 does not apply<br>Appropriate tariff codes for instrumentation and bone graft may be added | + | +103 | 3 038.50 | +103 | 3 038.50 | 3 | 413.58 +T+M |
| 0938 | Anterior fusion base of skull to C2 | | 449 | 13 245.50 | 359.2 | 10 596.40 | 4 | 551.44 +T+M |
| 0939 | Trans-abdominal anterior exposure of the spine for spinal-fusion only if done by a second surgeon | | 160 | 4 720.00 | 128 | 3 776.00 | 3 | 413.58 +T+M |
| 0940 | Transthoracic anterior exposure of the spine if done by a second surgeon | | 160 | 4 720.00 | 128 | 3 776.00 | 3 | 413.58 +T+M |
| 0941 | Anterior interbody fusion: One level<br>Tariff code 0942 can be added | | 360 | 10 620.00 | 288 | 8 496.00 | 3 | 413.58 +T+M |
| 0942 | Anterior interbody fusion: Each additional level<br>Modifier 0005 does not apply | + | + 102 | 3 009.00 | +102 | 3 009.00 | 3 | 413.58 +T+M |
| 0943 | Laminectomy with decompression of nerve roots and disc removal: One level | | 240 | 7 080.00 | 192 | 5 664.00 | 3 | 413.58 +T+M |
| 0944 | Posterior fusion: Occiput to C2 | | 390 | 11 505.00 | 312 | 9 204.00 | 4 | 551.44 +T+M |
| 0946 | Posterior spinal fusion: Each additional level | + | +111 | 3 274.50 | +111 | 3 274.50 | 3 | 413.58 +T+M |
| 0948 | Posterior interbody lumbar fusion: One level<br>Tariff code 0950 can be added | | 364 | 10 738.00 | 291.2 | 8 590.40 | 3 | 413.58 +T+M |
| 0950 | Posterior interbody lumbar fusion: Each additional interspace | + | + 95 | 2 802.50 | + 95 | 2 802.50 | 3 | 413.58 +T+M |
| 0959 | Excision of coccyx | | 96 | 2 832.00 | 96 | 2 832.00 | 3 | 413.58 +T+M |
| 0960 | Posterior non-segmental instrumentation | | 167 | 4 926.50 | 133.6 | 3 941.20 | 5 | 689.30 +T+M |
| 0961 | Costo-transversectomy | | 198 | 5 841.00 | 158.4 | 4 672.80 | 3 | 413.58 +T+M |
| 0962 | Posterior segmental instrumentation: 2 to 6 vertebrae | | 176 | 5 192.00 | 140.8 | 4 153.60 | 5 | 689.30 +T+M |
| 0963 | Antero-lateral decompression of spinal cord or anterior debridement | | 326 | 9 617.00 | 260.8 | 7 693.60 | 3 | 413.58 +T+M |
| 0964 | Posterior segmental instrumentation: 7 to 12 vertebrae<br>Not to use with tariff code 0962<br>Modifier 0005 not applicable | | 201 | 5 929.50 | 160.8 | 4 743.60 | 5 | 689.30 +T+M |
| 0966 | Posterior segmental instrumentation:13 or more vertebrae<br>Not to use with tariff code 0962 and 0964<br>Modifier 0005 not applicable | | 245 | 7 227.50 | 196 | 5 782.00 | 5 | 689.30 +T+M |
| 0968 | Anterior instrumentation: 2 to 3 vertebrae | | 159 | 4 690.50 | 127.2 | 3 752.40 | 5 | 689.30 +T+M |
| 0969 | Skull or skull-femoral traction including two weeks after-care | | 64 | 1 888.00 | 64 | 1 888.00 | -- | |
| 0970 | Anterior instrumentation: 4 to 7 vertebrae<br>Not to use with tariff code 0968<br>Modifier 0005 not applicable | | 185 | 5 457.50 | 148 | 4 366.00 | 5 | 689.30 +T+M |
| 0972 | Anterior instrumentation: 8 or more vertebrae<br>Not to use with tariff code 0968 and 0970<br>Modifier 0005 not applicable | | 206 | 6 077.00 | 164.8 | 4 861.60 | 5 | 689.30 +T+M |
| 0974 | Additional pelvic fixation of instrumentation other than sacrum<br>Modifier 0005 not applicable | | 108 | 3 186.00 | 108 | 3 186.00 | 5 | 689.30 +T+M |
| 5750 | Reinsertion of instrumentation<br>Add appropriate instrumentation codes | | 276 | 8 142.00 | 220.8 | 6 513.60 | 6 | 827.16 +T+M |
| 5751 | Removal of posterior non-segmental instrumentation<br>Add instrumentation codes if appropriate | | 173 | 5 103.50 | 138.4 | 4 082.80 | 6 | 827.16 +T+M |
| 5752 | Removal of posterior segmental instrumentation<br>Add instrumentation codes if appropriate | | 175 | 5 162.50 | 140 | 4 130.00 | 6 | 827.16 +T+M |
| 5753 | Removal of anterior instrumentation<br>Add instrumentation codes if appropriate | | 204 | 6 018.00 | 163.2 | 4 814.40 | 6 | 827.16 +T+M |
| 5755 | Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels | | 295 | 8 702.50 | 236 | 6 962.00 | 3 | 413.58 +T+M |
| 5756 | Laminectomy with full decompression for spondylolisthesis (Gill procedure) | | 304 | 8 968.00 | 243.2 | 7 174.40 | 3 | 413.58 +T+M |
| 5757 | Laminectomy for decompression without foraminotomy or diskectomy more than two levels | | 321 | 9 469.50 | 256.8 | 7 575.60 | 3 | 413.58 +T+M |
| 5758 | Laminectomy with decompression of nerve roots and disc removal: Each additional level | | 63 | 1 858.50 | 63 | 1 858.50 | 3 | 413.58 +T+M |
| 5759 | Laminectomy for decompression diskectomy etc., revision operation | | 352 | 10 384.00 | 281.6 | 8 307.20 | 4 | 551.44 +T+M |
| 5760 | Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level | | 301 | 8 879.50 | 240.8 | 7 103.60 | 3 | 413.58 +T+M |
| 5761 | Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level | | 68 | 2 006.00 | 68 | 2 006.00 | 3 | 413.58 +T+M |
| 5763 | Anterior disc removal and spinal decompression cervical: One level<br>Tariff code 5764 can be added | | 344 | 10 148.00 | 275.2 | 8 118.40 | 3 | 413.58 +T+M |

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| 5764 | Anterior disc removal and spinal decompression cervical: Each additional level | 81 | 2 389.50 | 81 | 2 389.50 | 3 | 413.58 +T+M |
| 5765 | Vertebral corpectomy for spinal decompression: One level | 466 | 13 747.00 | 372.8 | 10 997.60 | 3 | 413.58 +T+M |
| 5766 | Vertebral corpectomy for spinal decompression: Each additional level<br>Tariff code 5766 can be added | 88 | 2 596.00 | 88 | 2 596.00 | 3 | 413.58 +T+M |
| 5770 | Use of microscope in spinal and intercranial procedures (modifier 0005 not applicable) | 71 | 2 094.50 | 71 | 2 094.50 | | |
| 3.9 | **Facial bone procedures**<br>**Please note:** Modifers 0046 to 0058 are not applicable to section 3.9 of the tariff | | | | | | |
| 0987 | Repair of orbital floor (blowout fracture) | 184.6 | 5 445.70 | 147.68 | 4 356.56 | 4 | 551.44 +T+M |
| 0988 | Genioplasty | 263 | 7 758.50 | 210.4 | 6 206.80 | 4 | 551.44 +T+M |
| 0989 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort | 202.2 | 5 964.90 | 161.76 | 4 771.92 | 4 | 551.44 +T+M |
| 0990 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II<br>Not to use with tariff code 0989 | 302 | 8 909.00 | 241.6 | 7 127.20 | 4 | 551.44 +T+M |
| 0991 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III<br>Not to use with tariff code 0989 to 0990 | 433 | 12 773.50 | 346.4 | 10 218.80 | 4 | 551.44 +T+M |
| 0992 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort<br>Not to use with tariff code 0989 to 0991 | 970 | 28 615.00 | 776 | 22 892.00 | 4 | 551.44 +T+M |
| 0993 | Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy | 302 | 8 909.00 | 241.6 | 7 127.20 | 4 | 551.44 +T+M |
| 0994 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)<br>Not to use with tariff code 0989 to 0991 | 1103 | 32 538.50 | 882.4 | 26 030.80 | 4 | 551.44 +T+M |
| 0995 | Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)<br>Not to use with tariff code 0989 to 0991 and 0994 | 1654 | 48 793.00 | 1323.2 | 39 034.40 | 4 | 551.44 +T+M |
| 0996 | Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement<br>Not to use with tariff code 0989 to 0991 and 0994 to 0995 | | | | | | |
| 0997 | Mandible: Fractured nose and zygoma: Open reduction and fixation | 302 | 8 909.00 | 241.6 | 7 127.20 | 3 | 413.58 +T+M |
| 0999 | Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation<br>Not to use with tariff code 0997 | 184 | 5 428.00 | 147.2 | 4 342.40 | 3 | 413.58 +T+M |
| 1000 | Excision facial bone, e.g. osteomyelitis, abscess | 144.3 | 4 256.85 | 120 | 3 540.00 | 5 | 689.30 +T+M |
| 1001 | Temporo-mandibular joint: Reconstruction for dysfunction | 206 | 6 077.00 | 164.8 | 4 861.60 | 4 | 551.44 +T+M |
| 1003 | Manipulation: Immobilisation and follow-up of fractured nose | 35 | 1 032.50 | 35 | 1 032.50 | 3 | 413.58 +T+M |
| 1005 | Nasal fracture without manipulation | | | | | | |
| 1006 | Fracture: Nose and septum, open reduction<br>Modifier 0049 to 0051 and 0053 do not apply | 177.4 | 5 233.30 | 141.92 | 4 186.64 | 5 | 689.30 +T+M |
| 1007 | Mandibulectomy | 320 | 9 440.00 | 256 | 7 552.00 | 5 | 689.30 +T+M |
| 1009 | Maxillectomy<br>Modifier 0005 does not apply | 382.5 | 11 283.75 | 306 | 9 027.00 | 4 | 551.44 +T+M |
| 1011 | Bone graft to mandible | 206 | 6 077.00 | 164.8 | 4 861.60 | 4 | 551.44 +T+M |
| 1012 | Adjustment of occlusion by ramisection | 227 | 6 696.50 | 181.6 | 5 357.20 | 4 | 530.24 +T+M |
| 1013 | Fracture of arch of zygoma without displacement | | | | | | |
| 1015 | Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; recent fractures (within four weeks) | 131 | 3 864.50 | 120 | 3 540.00 | 3 | 413.58 +T+M |
| 1017 | Fracture of arch of zygomawith displacement requiring operative manipulation (not including associated fractures) (after four weeks) | 262 | 7 729.00 | 209.6 | 6 183.20 | 3 | 413.58 +T+M |
| 4. | **RESPIRATORY SYSTEM** | | | | | | |
| 4.1 | **Nose and sinuses** | | | | | | |
| 1018 | Flexible nasopharyngolaryngoscope examination | 51.94 | 1 532.23 | | | | |
| 1019 | ENT endoscopy in rooms with rigid endoscope | 12 | 354.00 | | | | |
| 1020 | Repair of perforated septum: Any method | 141.9 | 4 186.05 | 120 | 3 540.00 | 4 | 551.44 +T |

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| 1022 | Functional reconstruction of nasal septum<br>Procedures of the septum including correction of caudal septal deflection is included.<br>Tariff code 1087 may apply if a tip deformity and valve obstruction is present | 121.2 | 3 575.40 | 120 | 3 540.00 | 4 | 551.44 +T |
| 1023 | Harvesting of graft: Cartilage graft of nasal septum<br>May not be used with tariff code 1034 | 124.8 | 3 681.60 | 120 | 3 540.00 | 5 | 689.30 +T |
| 1024 | Insertion of silastic obturator into nasal septum perforation (excluding material) | 30 | 885.00 | 30 | 885.00 | 4 | 551.44 +T |
| 1025 | Intranasal antrostomy (modifier 0005 to apply to opposite side of nose) | 64.6 | 1 905.70 | 64.6 | 1 905.70 | 4 | 551.44 +T |
| 1027 | Dacrocystorhinostomy | 210 | 6 195.00 | 168 | 4 956.00 | 5 | 689.30 +T |
| 1029 | Turbinectomy (modifier 0005 to apply to opposite side of nose) | 62.6 | 1 846.70 | 62.6 | 1 846.70 | 4 | 551.44 +T |
| 1030 | Endoscopic turbinectomy: laser or microdebrider | 90 | 2 655.00 | 90 | 2 655.00 | 5 | 689.30 +T |
| 1034 | Autogenous nasal bone transplant: Bone removal included | 100 | 2 950.00 | 100 | 2 950.00 | 4 | 551.44 +T |
| 1035 | Unilateral functional endoscopic sinus surgery (unilateral) | 140 | 4 130.00 | 120 | 3 540.00 | 4 | 551.44 +T |
| 1036 | Bilateral functional endoscopic sinus surgery<br>May not be used with tariff code 1035 | 245 | 7 227.50 | 196 | 5 782.00 | 4 | 551.44 +T |
| 1037 | Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic | 8 | 236.00 | 8 | 236.00 | | |
| 1039 | Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic<br>May not be used with tariff code 1037 | 35 | 1 032.50 | 35 | 1 032.50 | 4 | 551.44 +T |
| 1041 | Control severe epistaxis requiring hospitalisation: Anterior plugging (unilateral) | 40 | 1 180.00 | 40 | 1 180.00 | 6 | 827.16 +T |
| 1042 | Repair of CSF leak: Sphenoid region, transnasal endoscopic approach (modifier 0069 is not applicable) | 365.5 | 10 782.25 | 292.4 | 8 625.80 | 5 | 689.30 +T+M |
| 1043 | Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging (unilateral) | 60 | 1 770.00 | 60 | 1 770.00 | 6 | 827.16 +T |
| 1045 | Ligation anterior ethmoidal artery | 135.4 | 3 994.30 | 120 | 3 540.00 | 6 | 827.16 +T |
| 1047 | Caldwell-Luc operation (unilateral) | 137.3 | 4 050.35 | 120 | 3 540.00 | 4 | 551.44 +T |
| 1049 | Ligation internal maxillary artery | 196 | 5 782.00 | 156.8 | 4 625.60 | 6 | 827.16 +T |
| 1050 | Vidian neurectomy (transantral or transnasal) | 113 | 3 333.50 | 113 | 3 333.50 | 4 | 551.44 +T |
| 1054 | Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose) | 37.3 | 1 100.35 | -- | | -- | |
| 1055 | External frontal ethmoidectomy | 190.7 | 5 625.65 | 152.56 | 4 500.52 | 4 | 551.44 +T |
| 1057 | External ethmoidectomy and/or sphenoidectomy (unilateral) | 199.4 | 5 882.30 | 159.52 | 4 705.84 | 4 | 551.44 +T |
| 1059 | Craniectomy: For osteomyelitis (total procedure) | 341.6 | 10 077.20 | 273.28 | 8 061.76 | 4 | 551.44 +T |
| 1061 | Lateral rhinotomy | 164 | 4 838.00 | 131.2 | 3 870.40 | 4 | 551.44 +T |
| 1063 | Removal of foreign bodies from nose at rooms | 10 | 295.00 | 10 | 295.00 | | |
| 1065 | Removal of foreign body from nose under general anaesthetic | 38.6 | 1 138.70 | 38.6 | 1 138.70 | 4 | 551.44 +T |
| 1067 | Proof puncture, unilateral at rooms | 10 | 295.00 | 10 | 295.00 | 4 | 551.44 +T |
| 1069 | Proof puncture, uni- or bilateral under general anaesthetic | 35 | 1 032.50 | 35 | 1 032.50 | 4 | 551.44 +T |
| 1075 | Multiple intranasal procedures: Not to exceed (see Modifier 0068) | 194 | 5 723.00 | 155.2 | 4 578.40 | 4 | 551.44 +T |
| 1077 | Septum abscess, at room, including after-care | 8 | 236.00 | 8 | 236.00 | | |
| 1079 | Septum abscess, under general anaesthetic | 35 | 1 032.50 | 35 | 1 032.50 | 4 | 551.44 +T |
| 1081 | Oro-antral fistula (without Caldwell-Luc) | 111.8 | 3 298.10 | 111.8 | 3 298.10 | 4 | 551.44 +T |
| 1083 | Choanal atresia: Intranasal approach | 113 | 3 333.50 | 113 | 3 333.50 | 5 | 689.30 +T |
| 1084 | Choanal atresia: Transpalatal approach | 194 | 5 723.00 | 155.2 | 4 578.40 | 7 | 965.02 +T |
| 1085 | Total reconstruction of the nose: Including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomy) and nasal tip | 350 | 10 325.00 | 280 | 8 260.00 | 5 | 689.30 +T |
| 1087 | Subtotal reconstruction consisting of any two of the following: Septumplasty, osteotomy, nasal tip reconstruction | 210 | 6 195.00 | 168 | 4 956.00 | 5 | 689.30 +T |
| 1089 | Forehead rhinoplasty (all stages): Total | 552 | 16 284.00 | 441.6 | 13 027.20 | 5 | 689.30 +T |
| 1091 | Forehead rhinoplasty (all stages): Partial | 414 | 12 213.00 | 331.2 | 9 770.40 | 5 | 689.30 +T |
| 4.3 | Larynx | | | | | | |
| 1117 | Laryngeal intubation | 10 | 295.00 | 10 | 295.00 | | |
| 1118 | Laryngeal stroboscopy with video capture | 39 | 1 150.50 | 39 | 1 150.50 | 6 | 827.16 +T |
| 1119 | Laryngectomy without block dissection of the neck<br>May not be used with tariff code 1471 | 430 | 12 685.00 | 344 | 10 148.00 | 7 | 965.02 +T |

| | | | Specialist | | General Practitioner | | Anaesthetic | |
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| 1120 | Intubation, endotracheal, emergency procedure<br>Applicable to only situations where intubation does not form part of anaethesia<br>a) Routine intubation during anaesthesia<br>b) A second intubation during anaesthesia<br>c) Intubation during resuscitation<br>d) Difficult intubation | | 34 | 1 003.00 | 34 | 1 003.00 | | |
| 4904 | Laryngectomy: Total, with radical neck dissection<br>May not be used with tariff code 1471 | | 508.7 | 15 006.65 | 406.96 | 12 005.32 | 7 | 965.02 +T |
| 4905 | Laryngectomy: Subtotal, supraglottic without radical neck dissection<br>May not be used with tariff code 1471 | | 434.8 | 12 826.60 | 347.84 | 10 261.28 | 7 | 965.02 +T |
| 4906 | Laryngectomy: Subtotal, supraglottic with radical neck dissection<br>May not be used with tariff code 1471 | | 563.2 | 16 614.40 | 450.56 | 13 291.52 | 7 | 965.02 +T |
| 4907 | Laryngectomy: Hemilaryngectomy, horizontal<br>May not be used with tariff code 1471 | | 429.7 | 12 676.15 | 343.76 | 10 140.92 | 7 | 965.02 +T |
| 4908 | Laryngectomy: Hemilaryngectomy, laterovertical<br>May not be used with tariff code 1471 | | 391 | 11 534.50 | 312.8 | 9 227.60 | 7 | 965.02 +T |
| 4909 | Laryngectomy: Hemilaryngectomy, anterovertical | | 405.1 | 11 950.45 | 324.08 | 9 560.36 | 7 | 965.02 +T |
| 4910 | Laryngectomy: Hemilaryngectomy, antero-lateral-vertical<br>May not be used with tariff codes 1471 | | 414.2 | 12 218.90 | 331.36 | 9 775.12 | 7 | 965.02 +T |
| 1126 | Post laryngectomy for voice restoration | | 139.5 | 4 115.25 | 120 | 3 540.00 | 9 | 1240.74 +T |
| 4913 | Pharyngolaryngectomy: With radical neck dissection, without reconstruction<br>May not be used with tariff code 1471 | | 571.1 | 16 847.45 | 456.88 | 13 477.96 | 7 | 965.02 +T |
| 4914 | Pharyngolaryngectomy: With radical neck dissection, with reconstruction<br>May not be used with tariff code 1471 | | 667.5 | 19 691.25 | 534 | 15 753.00 | 7 | 965.02 +T |
| 4917 | Laryngoplasty: Laryngeal stenosis, with graft or core mold, including tracheotomy | | 427.6 | 12 614.20 | 342.08 | 10 091.36 | 9 | 1240.74 +T |
| 4918 | Laryngoplasty: Open reduction of fracture | | 367.2 | 10 832.40 | 293.76 | 8 665.92 | 8 | 1102.88 +T |
| 4919 | Laryngoplasty: Cricoid split | | 230.3 | 6 793.85 | 184.24 | 5 435.08 | 8 | 1102.88 +T |
| 1127 | Tracheostomy | | 90 | 2 655.00 | 90 | 2 655.00 | 9 | 1240.74 +T |
| 4922 | Tracheostoma: Revision, without flap rotation, simple | | 102.4 | 3 020.80 | 102.4 | 3 020.80 | 9 | 1240.74 +T |
| 4923 | Tracheostoma: Revision, with flap rotation, complex<br>May not be used with tariff code 4922 | | 167.3 | 4 935.35 | 133.84 | 3 948.28 | 9 | 1240.74 +T |
| 4926 | Tracheostomy: Fenestration with skin flaps | | 180.4 | 5 321.80 | 144.32 | 4 257.44 | 9 | 1240.74 +T |
| 4927 | Tracheostomy: Revision of scar<br>Not applicable for cosmetic indications | | 104.5 | 3 082.75 | 104.5 | 3 082.75 | 9 | 1240.74 +T |
| 4928 | Tracheostomy/fistula: Closure, without plastic repair | | 104 | 3 068.00 | 104 | 3 068.00 | 9 | 1240.74 +T |
| 4929 | Tracheostomy/fistula: Closure, with plastic repair<br>May not be used with tariff code 4928 | | 149.8 | 4 419.10 | 120 | 3 540.00 | 9 | 1240.74 +T |
| 4932 | Tracheobronchoscopy: Through established tracheostomy incision<br>May not be used with tariff code 1132 | | 37.7 | 1 112.15 | 37.7 | 1 112.15 | 6 | 827.16 +T |
| 4933 | Tracheoplasty: Cervical | | 260.1 | 7 672.95 | 208.08 | 6 138.36 | 8 | 1102.88 +T |
| 4934 | Tracheoplasty: Tracheopharyngeal fistulisation, per stage | | 329 | 9 705.50 | 263.2 | 7 764.40 | 8 | 1102.88 +T |
| 1129 | External laryngeal operation, e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngofissure | | 294.4 | 8 684.80 | 235.52 | 6 947.84 | 8 | 1102.88 +T |
| 1130 | Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used) | | 41.4 | 1 221.30 | 41.4 | 1 221.30 | 6 | 827.16 +T |
| 1131 | Direct laryngoscopy plus foreign body removal | | 64.6 | 1 905.70 | 64.6 | 1 905.70 | 6 | 827.16 +T |
| 4.4 | **Bronchial procedure** | | | | | | | |
| 1132 | Bronchoscopy: Diagnostic bronchoscopy without removal of foreign object | | 65 | 1 917.50 | 65 | 1 917.50 | 6 | 827.16 +T |
| 1133 | Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body<br>May not be used with tariff code 1132 | | 80 | 2 360.00 | 80 | 2 360.00 | 8 | 1102.88 +T |
| 1134 | Bronchoscopy: Bronchoscopy with laser<br>May not be used with tariff code 1132 and 4932 | | 75 | 2 212.50 | -- | | 8 | 1102.88 +T |
| 1136 | Nebulisation (in rooms) | | 12 | 354.00 | 12 | 354.00 | | Fees as for |
| 1137 | Bronchial lavage | | -- | | -- | | 8 | 1102.88 +T |
| 1138 | Thoracotomy: for bronchopleural fistula (including ruptured bronchus, any cause) | | 350 | 10 325.00 | 280 | 8 260.00 | 12 | 1654.32 +T |
| 4.5 | **Pleura** | | | | | | | |

| | | Specialist | | General Practitioner | | Anaesthetic | |
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| 1139 | Pleural needle biopsy (not including aftercare): modifier 0005 not applicable | 50 | 1 475.00 | 50 | 1 475.00 | 3 | 413.58 +T |
| 1141 | Insertion of intercostal catheter (under water drainage)<br>May not be used with tariff code 1179 or any procedures done via thoracotomy | 50 | 1 475.00 | 50 | 1 475.00 | 6 | 827.16 +T |
| 1142 | Intra-pleural block | 36 | 1 021.32 | 36 | 1 021.32 | 3 | 397.68 +T |
| 1143 | Paracentesis chest: Diagnostic | 8 | 236.00 | 8 | 236.00 | 3 | 413.58 +T |
| 1145 | Paracentesis chest: Therapeutic<br>May not be used with tariff code 1143 | 13 | 383.50 | 13 | 383.50 | 3 | 413.58 +T |
| 1147 | Pneumothorax: Induction (diagnostic) | 25 | 737.50 | 25 | 737.50 | | |
| 1149 | Pleurectomy | 250 | 7 375.00 | 200 | 5 900.00 | 11 | 1516.46 +T |
| 1151 | Decortication of lung | 350 | 10 325.00 | 280 | 8 260.00 | 11 | 1516.46 +T |
| 1153 | Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc) | 55 | 1 622.50 | 55 | 1 622.50 | 3 | 413.58 +T |
| 4.6 | **Pulmonary procedures** | | | | | | |
| 4.6.1 | **Surgical** | | | | | | |
| 1155 | Needle biopsy lung (not including after-care): modifier 0005 not applicable | 32 | 944.00 | 32 | 944.00 | 5 | 689.30 +T |
| 1157 | Pneumonectomy | 350 | 10 325.00 | 280 | 8 260.00 | 11 | 1516.46 +T |
| 1159 | Pulmonary lobectomy | 389.5 | 11 490.25 | 311.6 | 9 192.20 | 11 | 1516.46 +T |
| 1161 | Segmental lobectomy | 365 | 10 767.50 | 292 | 8 614.00 | 11 | 1516.46 +T |
| 1163 | Excision tracheal stenosis: Cervical | 375 | 11 062.50 | 300 | 8 850.00 | 8 | 1102.88 +T |
| 1164 | Excision tracheal stenosis: Intra-thoracic<br>May not be used with tariff code 1163 | 350 | 10 325.00 | 280 | 8 260.00 | 12 | 1654.32 +T |
| 1167 | Thoracoplasty associated with lung resection or done by the same surgeon within FOUR weeks | 215 | 6 342.50 | 172 | 5 074.00 | 12 | 1654.32 +T |
| 1168 | Thoracoplasty: Complete<br>May not be used with tariff code 1167 and 1169 | 250 | 7 375.00 | 200 | 5 900.00 | 11 | 1516.46 +T |
| 1169 | Thoracoplasty: Limited (osteoplastic)<br>May not be used with tariff code 1167 | 200 | 5 900.00 | 160 | 4 720.00 | 11 | 1516.46 +T |
| 1171 | Drainage empyema (including six weeks after-treatment) | 170 | 5 015.00 | 136 | 4 012.00 | 11 | 1516.46 +T |
| 1173 | Drainage of lung abscess (including six weeks after-treatment) | 170 | 5 015.00 | 136 | 4 012.00 | 11 | 1516.46 +T |
| 1175 | Thoracotomy (limited): Limited: For lung or pleural biopsy | 115 | 3 392.50 | 115 | 3 392.50 | 11 | 1516.46 +T |
| 1177 | Thoracotomy: Major: Diagnostic | 215 | 6 342.50 | 172 | 5 074.00 | 11 | 1516.46 +T |
| 1179 | Thoracoscopy | 89 | 2 625.50 | 89 | 2 625.50 | 11 | 1516.46 +T |
| 4.6.2 | **Pulmonary function tests** | | | | | | |
| 1186 | Flow volume test: Inspiration/expiration<br>May not be used with tariff codes 1189 and 1192 | 30 | 885.00 | 30 | 885.00 | | Fees as for specialist |
| 1188 | Flow volume test: Inspiration/expiration pre- and post-bronchodilator (to be charged for only with first consultation -thereafter tariff code 1186 applies) | 50 | 1 475.00 | 50 | 1 475.00 | | Fees as for specialist |
| 1189 | Forced expirogram only | 10 | 295.00 | 10 | 295.00 | | |
| 1191 | N2 single breath distribution | 10 | 295.00 | 10 | 295.00 | | |
| 1192 | Peak expiratory flow only | 5 | 147.50 | 5 | 147.50 | | |
| 1197 | Compliance and resistance, using oesophageal balloon | 24 | 708.00 | 24 | 708.00 | | Fees as for specialist |
| 1198 | Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent or after excercise, with subsequent spirometry | 55.89 | 1 648.76 | 55.89 | 1 648.76 | | |
| 1199 | Pulmonary stress testing: For determination of VO2 max | 96.5 | 2 846.75 | 96.5 | 2 846.75 | | |
| 1201 | Maximum inspiratory/expiratory pressure | 5 | 147.50 | 5 | 147.50 | | Fees as for specialist |

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| | | | Pulmonologists and Practitioners accredited to SATS | | Other Specialists and General practitioner | | Anaesthetic | | |
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| 1193 | Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method | | *37.76* | **1 113.92** | | | | | |
| 1195 | Thoracic gas volume | | *37.93* | **1 118.94** | | | | | |
| 1196 | Determination of resistance to airflow, oscillatory or plethysmographic methods | | *45.31* | **1 336.65** | | | | | |
| 1200 | Carbon monoxide diffusing capacity, any method | | *38.06* | **1 122.77** | | | | | |
| | | | Specialist | | General practitioner | | Anaesthetic | | |
| | | | U/E | R | U/E | R | U/E | R | T/M |
| **4.7** | **Intensive care (in intensive care or high care unit): Respiratory, cardiac, general** | | | | | | | | |
| **4.7.1** | **Tariff tariff codes for intensive care**<br>**Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated, e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc). Please note that tariff code 1204 may not be charged by the responsible surgeon for monitoring a patient post-operatively in ICU or in the high-care unit since post-operative monitoring is included in the fee for the procedure** | | | | | | | | |
| 1204 | Category 1: Per day | | *30* | **885.00** | *30* | **885.00** | | | Fees as for specialist |
| | **Category 2** Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction; diabetic coma, head injury, severe asthma, acute pancreatius, eclampsia, flail chest, etc.) Ventilation may or may not be part of the active system support | | | | | | | | |
| 1205 | Category 2: First day | | *100* | **2 950.00** | *100* | **2 950.00** | | | Fees as for specialist |
| 1206 | Category 2: Subsequent days, per day | | *50* | **1 475.00** | *50* | **1 475.00** | | | Fees as for specialist |
| 1207 | Category 2: After two weeks, per day | | *30* | **885.00** | *30* | **885.00** | | | Fees as for specialist |
| | **Category 3**: Cases with multiple organ failure or Category 2 patients that may require multidisciplinary intervention | | | | | | | | |
| 1208 | Category 3: First day (principal practitioner) | | *137* | **4 041.50** | *120* | **3 540.00** | | | Fees as for specialist |
| 1209 | Category 3: First day (per involved practitioner) | | *58* | **1 711.00** | *58* | **1 711.00** | | | Fees as for specialist |
| 1210 | Category 3:Subsequent days (per involved practitioner) | | *50* | **1 475.00** | *50* | **1 475.00** | | | Fees as for specialist |
| 1211 | Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (*not necessarily in ICU*) 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes *all* necessary additional procedures e.g. infusion, intubation, etc. | | | | | | | | |

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| | | 50 | 1 475.00 | 50 | 1 475.00 | | Fees as for specialist |
| | | 25 | 737.50 | 25 | 737.50 | | |
| | | 150 | 4 425.00 | 150 | 4 425.00 | | |
| 1212 | Ventilation: First day | 75 | 2 212.50 | 75 | 2 212.50 | | Fees as for specialist |
| 1213 | Ventilation: Subsequent days | 50 | 1 475.00 | 50 | 1 475.00 | | Fees as for specialist |
| 1214 | Ventilation: After two weeks, per day | 25 | 737.50 | 25 | 737.50 | | Fees as for specialist |
| 1215 | Insertion of arterial pressure cannula | 25 | 737.50 | 25 | 737.50 | | Fees as for specialist |
| 1216 | Insertion of Swan Ganz catheter for haemodynamics monitoring | 50 | 1 475.00 | 50 | 1 475.00 | | Fees as for |
| 1217 | Insertion of central venous line via peripheral vein | 10 | 295.00 | 10 | 295.00 | | Fees as for specialist |
| 1218 | Insertion of central venous line via subclavian or jugular veins Appropriate for insertion or placement of a Quinton line or haemodialysis catheter Not to use with tariff code 3569 | 25 | 737.50 | 25 | 737.50 | | Fees as for specialist |
| 1219 | Hyperalimentation (daily fee) | 15 | 442.50 | 15 | 442.50 | | Fees as for specialist |
| 1220 | Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to tariff code 0201 per patient) | 30 | 885.00 | 30 | 885.00 | | Fees as for specialist |
| 1221 | Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charge appropriate hospital follow-up consultation) | 30 | 885.00 | 30 | 885.00 | | Fees as for specialist |
| 4.8 | **Hyperbaric Oxygen Treatment** | | | | | | |
| 4804 | Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): **Low pressure table (1,5-1,8 ATA x 45-60 min)** PROFESSIONAL COMPONENT | 30 | 885.00 | 30 | 885.00 | | |
| 4820 | Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT | 101.13 | 2 983.34 | 101.13 | 2 983.34 | | |
| 4805 | Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): Routine HBO table (2-2.5 ATA x 90-120 min) PROFESSIONAL COMPONENT | 60 | 1 770.00 | 60 | 1 770.00 | | |
| 4821 | Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT | 131.26 | 3 872.17 | 131.26 | 3 872.17 | | |
| 4806 | Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment monitoring during treatment and post treatment evaluation): **Emergency HBO table (2.5-3 ATA x 90-120 min)** PROFESSIONAL COMPONENT | 80 | 2 360.00 | 80 | 2 360.00 | | |
| 4822 | Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT | 131.26 | 3 872.17 | 131.26 | 3 872.17 | | |
| 4809 | Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT5 (2.8 ATA x 135 min) PROFESSIONAL COMPONENT | 90 | 2 655.00 | 90 | 2 655.00 | | |
| 4825 | USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT | 214.18 | 6 318.31 | 214.18 | 6 318.31 | | |
| 4810 | Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT6 (2.8 ATA x 285 min) PROFESSIONAL COMPONENT | 190 | 5 605.00 | 190 | 5 605.00 | | |
| 4826 | USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT | 386.42 | 11 399.39 | 386.42 | 11 399.39 | | |
| 4811 | Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT6ext/6A or Cx 30 (2.8-6 ATA x 305-490 min) PROFESSIONAL COMPONENT | 327 | 9 646.50 | 327 | 9 646.50 | | |
| 4827 | USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT | 680.85 | 20 085.08 | 680.85 | 20 085.08 | | |
| 4828 | USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT | 678.28 | 20 009.26 | 678.28 | 20 009.26 | | |

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| 4829 | USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT | 671.85 | 19 819.58 | 671.85 | 19 819.58 | | |
| 4815 | Prolonged attendance inside a hyperbaric chamber: 40 clinical procedure units per half hour or part thereof for the first hour. Thereafter 20 clinical procedure units per half hour; minimum 40 clinical procedure units; maximum 320 clinical procedure units (Please indicate time in minutes and not per half hour) | | | | | | |
| 5. | **MEDIASTINAL PROCEDURES** | | | | | | |
| 1223 | Mediastinoscopy | 95 | 2 802.50 | 95 | 2 802.50 | 5 | 689.30 +T |
| 1224 | Mediastinotomy | 115 | 3 392.50 | 115 | 3 392.50 | 11 | 1516.46 +T |
| 6. | **CARDIOVASCULAR SYSTEM** | | | | | | |
| 6.1 | **General** | | | | | | |
| | **General practitioner's fee for the taking of an ECG only** Where an ECG is done by a general practitioner and interpreted by a physician, the general practitioner is entitled to his full consultation fee, plus half of fee determined for ECG | | | | | | |
| 1228 | General Practitioner's fee for the taking of an ECG only: Without effort: (1232) | | | 4.5 | 132.75 | | |
| 1229 | General Practitioner's fee for the taking of an ECG only: Without and with effort: 1/2 (tariff code 1233) | | | 6.5 | 191.75 | | |
| | **Note: tariff codes 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added** | | | | | | |
| | **Physician's fee for interpreting an ECG** A specialist physician is entitled to the following fees for interpretation of an ECG tracing referred for interpretation | | | | | | |
| 1230 | Professional component for a physician interpreting an ECG: Without effort | 6 | 177.00 | | | | |
| 1231 | Physician's fee for interpreting an ECG: With and without effort | 10 | 295.00 | | | | |
| 1232 | Electrocardiogram: Without effort (interpretation included) | 9 | 265.50 | 9 | 265.50 | | |
| 1233 | Electrocardiogram: With and without effort (Interpretation included) | 13 | 383.50 | 13 | 383.50 | | |
| 1234 | Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and the availability of associated apparatus (Interpretation included) | 40 | 1 180.00 | 40 | 1 180.00 | | |
| 1235 | Multi-stage treadmill | 60 | 1 770.00 | 60 | 1 770.00 | | |
| 1241 | X-ray screening (Chest) | 4 | 118.00 | 4 | 118.00 | | |
| 1245 | Angiography cerebral: First two series (Replaces tariff code 2725 and 2729) | 34.3 | 1 011.85 | 34.3 | 1 011.85 | 4 | 551.44 +T |
| 1246 | Angiography peripheral: Per limb | 25 | 737.50 | 25 | 737.50 | 4 | 551.44 +T |
| 1248 | Paracentesis of pericardium | 50 | 1 475.00 | 50 | 1 475.00 | 9 | 1240.74 +T |
| 6.3 | **Cardiac surgery** | | | | | | |
| 1311 | Pericardial drainage | 140 | 4 130.00 | 120 | 3 540.00 | 13 | 1792.18 +T |
| 6.3.1 | **Open heart surgery** | | | | | | |
| 1322 | Attendance at other operations for monitoring at bedside, by physician heart block, etc: Per hour | 20 | 567.40 | | | | |
| 6.4 | **Peripheral vascular system** | | | | | | |
| 6.4.1 | **Peripheral vascular system: Investigations** | | | | | | |
| 1357 | Skin temperature test: Response to reflex heating | 15 | 442.50 | 15 | 442.50 | | |
| 1359 | Skin temperature test: Response to reflex cooling | 15 | 442.50 | 15 | 442.50 | | |
| 1366 | Transcutaneous oximetry: Transcutaneous oximetry - single site | 26.3 | 775.85 | 26.3 | 775.85 | | |
| 1367 | Doppler blood tests | 6 | 177.00 | 6 | 177.00 | | |
| 5369 | Doppler arterial pressures | 6 | 177.00 | 6 | 177.00 | | |
| 5371 | Doppler arterial pressures with exercise | 10 | 295.00 | 10 | 295.00 | | |
| 5373 | Doppler segmental pressures and wave forms | 12 | 354.00 | 12 | 354.00 | | |
| 5375 | Venous doppler examination (both limbs) | 9 | 265.50 | 9 | 265.50 | | |
| 1376 | Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis | 594 | 17 523.00 | 475.2 | 14 018.40 | | |
| 6.4.2 | **Peripheral vascular system: Arterio-venous-abnormalities** | | | | | | |
| 1369 | Fistula or aneurysm (as for grafting of various arteries) | | | | | | |

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| 6.4.3 | **Arteries** | | | | | | |
| 6.4.3.1 | **Peripheral vascular system: Arteries: Aorta-Iliac and major branches** | | | | | | |
| 1373 | Abdominal aorta and iliac artery: Ruptured | 600 | 17 700.00 | 480 | 14 160.00 | 15 | 2067.90 +T |
| 6.4.3.2 | **Iliac artery** | | | | | | |
| 1379 | Prosthetic grafting and/or Thrombo-endarterectomy | 300 | 8 850.00 | 240 | 7 080.00 | 13 | 1792.18 +T |
| 6.4.3.3 | **Peripheral** | | | | | | |
| 1385 | Prosthetic grafting | 255 | 7 522.50 | 204 | 6 018.00 | 5 | 689.30 +T |
| 1387 | Vein grafting proximal to knee joint | 300 | 8 850.00 | 240 | 7 080.00 | 5 | 689.30 +T |
| 1388 | Vein grafting distal to knee joint | 444 | 13 098.00 | 355.2 | 10 478.40 | 5 | 689.30 +T |
| 1389 | Endarterectomy when not part of another specified procedure | 264 | 7 788.00 | 211.2 | 6 230.40 | 5 | 689.30 +T |
| 1393 | Embolectomy: Peripheral embolectomy transfemoral | 168 | 4 956.00 | 134.4 | 3 964.80 | 5 | 689.30 +T |
| 1395 | Miscellaneous arterial procedures: Arterial suture: Trauma | 125 | 3 687.50 | 100 | 2 950.00 | 5 | 689.30 +T |
| 1396 | Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure) - Anaesthetic: Except where a specific code already exist elsewhere | 264 | 7 788.00 | 211.2 | 6 230.40 | 15 | 2067.90 +T |
| 1397 | Profundoplasty | 210 | 6 195.00 | 168 | 4 956.00 | 5 | 689.30 +T |
| 1399 | Distal tibial (ankle region) | 456 | 13 452.00 | 364.8 | 10 761.60 | 5 | 689.30 +T |
| 1401 | Femoro-femoral | 254 | 7 493.00 | 203.2 | 5 994.40 | 5 | 689.30 +T |
| 1402 | Carotid-subclavian | 288 | 8 496.00 | 230.4 | 6 796.80 | 8 | 1102.88 +T |
| 1403 | Axillo-femoral (Bifemoral + 50% of the fee) | 288 | 8 496.00 | 230.4 | 6 796.80 | 8 | 1102.88 +T |
| 6.4.4 | **Veins** | | | | | | |
| 1407 | Ligation of saphenous vein | 50 | 1 475.00 | 50 | 1 475.00 | 3 | 413.58 +T |
| 1408 | Placement of Hickman catheter or similar May not be used for insertion or placement of a Quinton line or haemodialysis catheter | 91 | 2 684.50 | 91 | 2 684.50 | 4 | 551.44 +T |
| 1410 | Litigation of inferior vena cava: Abdominal | 180 | 5 310.00 | 144 | 4 248.00 | 8 | 1102.88 +T |
| 1412 | Umbrella operation on inferior vena cava: Abdominal | 100 | 2 837.00 | 100 | 2 950.00 | 8 | 1102.88 +T |
| 1413 | Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral | 141 | 4 000.17 | 120 | 3 540.00 | 3 | 413.58 +T |
| 1415 | Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral | 247 | 7 007.39 | 197.6 | 5 829.20 | 3 | 413.58 +T |
| 1417 | Extensive sub-fascial ligation of perforating veins | 125 | 3 546.25 | 120 | 3 540.00 | 3 | 413.58 +T |
| 1419 | Lesser varicose vein procedure | 31 | 879.47 | 31 | 914.50 | 3 | 413.58 +T |
| 1421 | Compression sclerotherapy of varicose veins: Per injection to a maximum of nine injections per leg (excluding cost of material) | 9 | 255.33 | 9 | 265.50 | | |
| 1425 | Thrombectomy: Inferior vena cava (Trans-abdominal) | 240 | 6 808.80 | 192 | 5 664.00 | 11 | 1516.46 +T |
| 1427 | Thrombectomy: Ilio-femoral | 175 | 4 964.75 | 140 | 4 130.00 | 6 | 827.16 +T |
| 7. | **LYMPHO RETICULAR SYSTEM** | | | | | | |
| 7.1 | **Spleen** | | | | | | |
| 1435 | Splenectomy (trauma) | 221.3 | 6 278.28 | 177.04 | 5 222.68 | 9 | 1240.74 +T |
| 1436 | Splenorrhaphy | 231.8 | 6 576.17 | 185.44 | 5 470.48 | 9 | 1240.74 +T |
| 1457 | Bone marrow biopsy: By trephine | 13 | 368.81 | 13 | 383.50 | 3 | 413.58 +T |
| 1458 | Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula | 8 | 226.96 | 8 | 236.00 | | |
| 7.2 | **Lymph nodes and lymphatic channels** | | | | | | |
| 1439 | Excision of lymph node for biopsy: Neck or axilla | 65 | 1 917.50 | 65 | 1 917.50 | | |
| 1441 | Excision of lymph node for biopsy: Groin | 65 | 1 917.50 | 65 | 1 917.50 | 4 | 551.44 +T |
| 1443 | Simple excision of lymph nodes for tuberculosis | 91 | 2 684.50 | 91 | 2 684.50 | 5 | 689.30 +T |
| 8. | **DIGESTIVE SYSTEM** | | | | | | |
| 8.1 | **Oral cavity** | | | | | | |
| 1462 | Removal of embedded foreign body: Vestibule of mouth, simple | 41.1 | 1 212.45 | 41.1 | 1 212.45 | 5 | 689.30 +T |

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| 1464 | Removal of embedded foreign body: Vestibule of mouth; complicated | | 73.1 | 2 156.45 | 73.1 | 2 156.45 | 5 | 689.30 +T |
| 1466 | Removal of embedded foreign body: Dentoalveolar structures, soft tissues | | 52.8 | 1 557.60 | 52.8 | 1 557.60 | 5 | 689.30 +T |
| 1467 | Drainage of intra-oral abscess | | 31 | 914.50 | 31 | 914.50 | 4 | 551.44 +T |
| 1469 | Local excision of mucosal lesion of oral cavity | | 23 | 678.50 | 23 | 678.50 | 4 | 551.44 +T |
| 1471 | Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure | | 549 | 16 195.50 | 439.2 | 12 956.40 | 7 | 965.02 +T |
| 1478 | Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)<br>Pre-authorisation and motivation letter required | | 240 | 7 080.00 | 192 | 5 664.00 | 6 | 827.16 +T |
| 1479 | Velopharyngeal reconstruction with or without pharyngeal flap (static repair) | | 227 | 6 696.50 | 181.6 | 5 357.20 | 6 | 827.16 +T |
| 1480 | Repair of oronasal fistula (large), e.g. distant flap<br>tariff code 1480 canot be used with tariff codes 1481 and 1482. | | 227 | 6 696.50 | 181.6 | 5 357.20 | 6 | 827.16 +T |
| 1481 | Repair of oronasal fistula (small), e.g. trapdoor: One stage or first stage<br>tariff code 1481 canot be used with tariff codes 1480 and 1482. | | 138 | 4 071.00 | 120 | 3 540.00 | 5 | 689.30 +T |
| 1482 | Repair of oronasal fistula (large): Second stage<br>tariff code 1482 canot be used with tariff codes 1480 and 1481. | | 138 | 4 071.00 | 120 | 3 540.00 | 5 | 689.30 +T |
| 1483 | Alveolar periosteal or other flaps for arch closure | | 138 | 4 071.00 | 120 | 3 540.00 | 4 | 551.44 +T |
| 1486 | Closure of anterior nasal floor | | 138 | 4 071.00 | 120 | 3 540.00 | 5 | 689.30 +T |
| 8.2 | **Lips** | | | | | | | |
| 1485 | Local excision of benign lesion of lip | | 27 | 796.50 | 27 | 796.50 | 4 | 551.44 +T |
| 1499 | Lip reconstruction following an injury: Directed repair<br>May not be used with tariff codes 1501 and 1503 to 1504 | | 105.6 | 3 115.20 | 105.6 | 3 115.20 | 4 | 551.44 +T |
| 1501 | Lip reconstruction following an injury only: Flap repair<br>May not be used with tariff codes 1499 and 1503 to 1504 | | 206 | 6 077.00 | 164.8 | 4 861.60 | 4 | 551.44 +T |
| 1503 | Lip reconstruction following an injury only: Total reconstruction (first stage)<br>May not be used with tariff codes 1499 and 1501 to 1503 | | 206 | 6 077.00 | 164.8 | 4 861.60 | 4 | 551.44 +T |
| 1504 | Lip reconstruction following an injury only: Subsequent stages (see tariff code 0297)<br>May not be used with tariff codes 1499 and 1501 to 1503 | | 104 | 3 068.00 | 104 | 3 068.00 | 4 | 551.44 +T |
| 8.3 | **Tongue** | | | | | | | |
| 1505 | Partial glossectomy | | 225 | 6 637.50 | 180 | 5 310.00 | 6 | 827.16 +T |
| 1507 | Local excision of lesion of tongue | | 27 | 796.50 | 27 | 796.50 | 4 | 551.44 +T |
| 8.4 | **Palate, uvula and sallvary gland** | | | | | | | |
| 1526 | Total parotidectomy with preservation of facial nerve | | 358.5 | 10 170.65 | 286.8 | 8 136.52 | 5 | 662.80 +T |
| 1527 | Total parotidectomy | | 358.5 | 10 170.65 | 286.8 | 8 136.52 | 5 | 662.80 +T |
| 1531 | Drainage of parotid abscess | | 25 | 709.25 | 25 | 709.25 | 4 | 530.24 +T |
| 8.5 | **Oesophagus** | | | | | | | |
| 1545 | Oesophagoscopy with rigid instrument: First and subsequent | | 47 | 1 386.50 | 47 | 1 386.50 | 4 | 551.44 +T |
| 1550 | Oesophagoscopy with removal of foreign body<br>May not be used with tariff code 1545 | | 70 | 2 065.00 | 70 | 2 065.00 | 4 | 551.44 +T |
| 1557 | Oesophageal dilatation<br>Can be used with tariff code 1587 | | 40 | 1 180.00 | 40 | 1 180.00 | 4 | 551.44 +T |
| 1563 | Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure | | 300 | 8 850.00 | 240 | 7 080.00 | 11 | 1516.46 +T |
| 1565 | Hiatus hernia and diaphragmatic hernia repair: With Collins Nissen oesophageal lengthening procedure | | 350 | 10 325.00 | 280 | 8 260.00 | 11 | 1516.46 +T |

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| 8.6 | **Stomach** | | | | | | | |
| 1587 | Upper gastro-intestinal endoscopy: Using hospital equipment | | 48.75 | 1 438.13 | 48.75 | 1 438.13 | 4 | 551.44 +T |
| 1589 | Endoscopic control of gastro-intestinal haemorrhage from upper gastro-intestinal tract, Intestine or large bowel, by injection, ligation or application of energy devices (endoscopic haemostasis): ADD to gastroscopy (tariff code 1587), small bowel endoscopy (tariff code 1626) or colonoscopy (tariff code 1653 or tariff code 1656) | + | 34 | 1 003.00 | 34 | 1 003.00 | 6 | 827.16 +T |
| 1591 | Plus removal of foreign body (stomach or small bowel): ADD to gastro-intestinal endoscopy (tariff code 1587) or small bowel endoscopy (tariff code 1626) | + | +25 | 737.50 | +25 | 737.50 | 4 | 551.44 +T |
| 1597 | Gastrostomy or gastrotomy<br>For Percutaneous Endoscopic Gastrostomy (PEG), use tariff codes 1597 plus 1587 and 1780 | | 147.5 | 4 351.25 | 120 | 3 540.00 | 6 | 827.16 +T |
| 1613 | Gastroenterostomy | | 203.6 | 6 006.20 | 162.88 | 4 804.96 | 6 | 827.16 +T |
| 1615 | Suture of perforated gastric wound or injury<br>Use tariff code for suturing of the duodenum | | 200 | 5 900.00 | 160 | 4 720.00 | 7 | 965.02 +T |
| 1617 | Partial gastrectomy | | 328.3 | 9 684.85 | 262.64 | 7 747.88 | 7 | 965.02 +T |
| 1619 | Total gastrectomy | | 384.43 | 11 340.69 | 307.54 | 9 072.43 | 7 | 965.02 +T |
| 1621 | Revision of gastrectomy or gastro-enterostomy | | 375 | 11 062.50 | 300 | 8 850.00 | 7 | 965.02 +T |
| 8.7 | **Duodenum** | | | | | | | |
| 1626 | Endoscopic examination of the small bowel beyond the duodenojejunal flexure (enteroscopy), with or without biopsy: Hospital equipment used (refer to modifier 0074 for the use of own equipment) | | 120 | 3 540.00 | 120 | 3 540.00 | 6 | 827.16 +T |
| 1627 | Duodenal intubation (under X-ray screening) | | 8 | 236.00 | | | | |
| 8.8 | **Intestines** | | | | | | | |
| 1634 | Enterotomy or Enterostomy | | 202.6 | 5 976.70 | 162.08 | 4 781.36 | 6 | 827.16 +T |
| 1637 | Operation for relief of intestinal obstruction | | 240 | 7 080.00 | 192 | 5 664.00 | 7 | 965.02 +T |
| 1639 | Resection of small bowel with enterostomy or ananstomosis<br>May not be used with tariff code 1634 | | 244.9 | 7 224.55 | 195.92 | 5 779.64 | 6 | 827.16 +T |
| 1642 | Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (tariff code 0201 applicable for video capsule - disposable single patient use) - (Please note: All patients should have had a normal gastroscopy and colonoscopy) | | 150 | 4 425.00 | 120 | 3 540.00 | | |
| 1643 | Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report | | 90 | 2 655.00 | 90 | 2 655.00 | | |
| 1645 | Suture of intestine (small or large): Wound or injury<br>Appropriate for the suturing of small or large intestines and post operative repair of perforation | | 185.2 | 5 463.40 | 148.16 | 4 370.72 | 6 | 827.16 +T |
| 1647 | Closure of intestinal fistula | | 258 | 7 611.00 | 206.4 | 6 088.80 | 6 | 827.16 +T |
| 1653 | Total colonoscopy with hospital equipment | | 90 | 2 655.00 | 90 | 2 655.00 | 4 | 551.44 +T |
| 1656 | Left-sided colonoscopy | | 60 | 1 770.00 | 60 | 1 770.00 | 4 | 551.44 +T |
| 1657 | Right or left hemicolectomy or segmental colectomy | | 325 | 9 587.50 | 260 | 7 670.00 | 6 | 827.16 +T |
| 1661 | Colotomy: Including removal of foreign body | | 205.7 | 6 068.15 | 164.56 | 4 854.52 | 6 | 827.16 +T |
| 1663 | Total colectomy | | 390 | 11 505.00 | 312 | 9 204.00 | 6 | 827.16 +T |
| 1665 | Colostomy or ileostomy isolated procedure | | 233.8 | 6 897.10 | 187.04 | 5 517.68 | 6 | 827.16 +T |
| 1666 | Continent ileostomy pouch (all types) | | 300 | 8 850.00 | 240 | 7 080.00 | 6 | 827.16 +T |
| 1667 | Colostomy: Closure | | 179.1 | 5 283.45 | 143.28 | 4 226.76 | 5 | 689.30 +T |
| 1668 | Revision of ileostomy pouch | | 375 | 11 062.50 | 300 | 8 850.00 | 6 | 827.16 +T |
| 1676 | Flexible sigmoidoscopy (including rectum and anus): Using hospital equipment | | 48.75 | 1 438.13 | 48.75 | 1 438.13 | 3 | 413.58 +T |
| 8.9 | **Rectum and anus** | | | | | | | |
| 1677 | Sigmoidoscopy: First and subsequent, with or without biopsy | | 13 | 383.50 | 13 | 383.50 | 3 | 413.58 +T |
| 1688 | Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy | | 445 | 13 127.50 | 356 | 10 502.00 | 8 | 1102.88 +T |
| 1705 | Incision and drainage of submucous abscess | | 40 | 1 180.00 | 40 | 1 180.00 | 3 | 413.58 +T |
| 1707 | Drainage of submucous abscess | | 40 | 1 180.00 | 40 | 1 180.00 | 3 | 413.58 +T |
| 1737 | Dilatation of ano-rectal structure | | 12.5 | 368.75 | 12.5 | 368.75 | 3 | 413.58 +T |
| 1742 | Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor | | 27 | 796.50 | | | | |
| 8.10 | **Liver** | | | | | | | |
| 1743 | Needle biopsy of liver | | 30.3 | 893.85 | 30.3 | 893.85 | 3 | 413.58 +T |

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| 1744 | Extensive debridement, haemostasis and packing of liver wound or injury | | 483.8 | 14 272.10 | 387.04 | 11 417.68 | 13 | 1792.18 +T |
| 1745 | Biopsy of liver by laparotomy | | 125 | 3 687.50 | 120 | 3 540.00 | 4 | 551.44 +T |
| 1747 | Drainage of liver abscess | | 179.1 | 5 283.45 | 143.28 | 4 226.76 | 7 | 965.02 +T |
| 1748 | Body composition measured by bio-electrical impedance | | 3 | 88.50 | 3 | 88.50 | | |
| 1749 | Hemi-hepatectomy: Right | | 564 | 16 638.00 | 451.2 | 13 310.40 | 9 | 1240.74 +T |
| 1751 | Hemi-hepatectomy: Left | | 521.1 | 15 372.45 | 416.88 | 12 297.96 | 9 | 1240.74 +T |
| 1752 | Extended right or left hepatectomy | | 570.9 | 16 841.55 | 456.72 | 13 473.24 | 9 | 1240.74 +T |
| 1753 | Partial or segmental hepatectomy | | 378 | 11 151.00 | 302.4 | 8 920.80 | 9 | 1240.74 +T |
| 1757 | Suture of liver wound or injury | | 214.2 | 6 318.90 | 171.36 | 5 055.12 | 9 | 1240.74 +T |
| 1758 | Complex suture of liver wound or injury, including hepatic artery ligation<br>May not be used with tariff code 1757 | | 296.6 | 8 749.70 | 237.28 | 6 999.76 | 13 | 1792.18 +T |
| 8.11 | **Billary tract** | | | | | | | |
| 1763 | With exploration of common bile duct | | 264.5 | 7 802.75 | 211.6 | 6 242.20 | 6 | 827.16 +T |
| 1765 | Exploration of common bile duct: Secondary operation | | 327.7 | 9 667.15 | 262.16 | 7 733.72 | 6 | 827.16 +T |
| 1767 | Reconstruction of common bile duct | | 371.7 | 10 965.15 | 297.36 | 8 772.12 | 6 | 827.16 +T |
| 8.12 | **Pancreas** | | | | | | | |
| 1778 | Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + Catheterisation of pancreas duct or choledochus | | 105.9 | 3 124.05 | 105.9 | 3 004.38 | 4 | 530.24 +T |
| 1779 | Endoscopic retrograde removal of stone(s) as for billary and/or pancreatic duct. ADD to ERCP (tariff code 1778) | + | 15.82 | 466.69 | 15.82 | 448.81 | 4 | 530.24 +T |
| 1780 | Gastric and duodenal intubation<br>Code is not appropriate if gastric intubation forms part of anaesthetic indications | | 8 | 236.00 | 8 | 226.96 | | |
| 1791 | Local, partial or subtotal pancreatectomy | | 351.3 | 10 363.35 | 281.04 | 7 973.10 | 8 | 1060.48 +T |
| 1793 | Distal pancreatectomy with internal drainage | | 377.4 | 11 133.30 | 301.92 | 8 565.47 | 8 | 1060.48 +T |
| 8.13 | **Peritoneal cavity** | | | | | | | |
| 1797 | Pneumo-peritoneum: First<br>May not be used with tariff codes 1807 and 1799 | | 13 | 383.50 | 13 | 383.50 | 4 | 551.44 +T |
| 1799 | Pneumo-peritoneum: Repeat<br>May not be used with tariff codes 1807 and 1797 | | 6 | 177.00 | 6 | 177.00 | 4 | 551.44 +T |
| 1800 | Peritoneal lavage<br>Appropriate when washing peritoneal cavity in cases of severe contamination | | 20 | 590.00 | 20 | 590.00 | | |
| 1801 | Diagnostic paracentesis: Abdomen | | 8 | 236.00 | 8 | 236.00 | | |
| 1803 | Therapeutic paracentesis: Abdomen<br>Appropriate for draining ascitic fluid from abdomen | | 13 | 383.50 | 13 | 383.50 | | |
| 1807 | Add to open procedure where procedure was performed through a laparoscope ( for anaesthetic refer to modifier 0027) | + | 45 | 1 327.50 | 45 | 1 327.50 | 5 | 689.30 +T |
| 1809 | Laparotomy<br>If laparotomy is followed by an indicated intra- abdominal procedure, the tariff code with more RVUs should be used, and not both.<br>Includes peritoneal lavage.<br>No extra charge will be levied for the incision and closure of the abdomen for all intra- abdominal procedure. | | 196 | 5 782.00 | 156.8 | 4 625.60 | 4 | 551.44 +T |
| 1811 | Suture of burst abdomen<br>Includes peritoneal lavage. | | 188.3 | 5 554.85 | 150.64 | 4 443.88 | 7 | 965.02 +T |
| 1812 | Laparotomy for control of surgical haemorrhage<br>Includes peritoneal lavage. | | 105 | 3 097.50 | 105 | 3 097.50 | 9 | 1240.74 +T |
| 1813 | Drainage of sub-phrenic abscess | | 180 | 5 310.00 | 144 | 4 248.00 | 7 | 965.02 +T |
| 1815 | Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal<br>May be used with tariff code 1637 if appropriate. | | 248.4 | 7 327.80 | 198.72 | 5 862.24 | 5 | 689.30 +T |
| 1817 | Drainage of intraperitoneal abscess (excluding appendix abscess)<br>Transrectal drainage of a pelvic abscess | | 75 | 2 212.50 | 75 | 2 212.50 | 4 | 551.44 +T |
| 9. | **HERNIA** | | | | | | | |
| 1819 | Inguinal or femoral hernia + | | 125 | 3 687.50 | 120 | 3 540.00 | 4 | 551.44 +T |
| 1825 | Recurrent inguinal or femoral hernia | | 155 | 4 572.50 | 124 | 3 658.00 | 4 | 551.44 +T |
| 1827 | Strangulated hernia or femoral hernia | | 238 | 7 021.00 | 190.4 | 5 616.80 | 7 | 965.02 +T |
| 1831 | Umbilical hernia | | 140 | 4 130.00 | 120 | 3 540.00 | 4 | 551.44 +T |
| 1835 | Incisional hernia | | 166.8 | 4 920.60 | 133.44 | 3 936.48 | 4 | 551.44 +T |

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| 1836 | Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)<br>ADD to tariff codes 1825 and1835 where appropriate only (modifier 0005 does not apply)<br>Does not apply to simple, primary or small hernia; applies to recurrent and complicated hernias only. | + | 77 | 2 271.50 | 77 | 2 271.50 | 4 | 551.44 +T |
| 10. | **URINARY SYSTEM** | | | | | | | |
| 10.1 | **Kidney** | | | | | | | |
| 1839 | Renal biopsy, per kidney, open | | 71 | 2 094.50 | 71 | 2 094.50 | 5 | 689.30 +T |
| 1841 | Renal biopsy (needle) | | 30 | 885.00 | 30 | 885.00 | 3 | 413.58 +T |
| 1843 | Peritoneal dialysis: First day<br>Appropriate for the prescription nd upervision of peritoneal dialysis<br>May be used with tariff codes 1204 to 1210 and consultation codes | | 33 | 973.50 | 33 | 973.50 | | |
| 1845 | Peritoneal dialysis: Every subsequent day<br>Appropriate for the prescription nd upervision of peritoneal dialysis<br>May be used with tariff codes 1204 to 1210 and consultation codes | | 33 | 973.50 | 33 | 973.50 | | |
| 1847 | Haemodialysis: Per hour or part thereof | | 21 | 619.50 | 21 | 619.50 | | |
| 1849 | Haemodialysis: Maximum: Eight hours | | 168 | 4 956.00 | 134.4 | 3 964.80 | | |
| 1851 | Haemodialysis: Thereafter per week | | 55 | 1 622.50 | 55 | 1 622.50 | | |
| 1852 | Continuous haemodiafiltration per day in intensive or high care unit | | 33 | 973.50 | 33 | 973.50 | | |
| 1853 | Primary nephrectomy | | 225 | 6 637.50 | 180 | 5 310.00 | 5 | 689.30 +T |
| 1855 | Secondary nephrectomy | | 267 | 7 876.50 | 213.6 | 6 301.20 | 5 | 689.30 +T |
| 1863 | Nephro-ureterectomy | | 305 | 8 997.50 | 244 | 7 198.00 | 5 | 689.30 +T |
| 1865 | Nephrotomy with drainage nephrostomy | | 189 | 5 575.50 | 151.2 | 4 460.40 | 6 | 827.16 +T |
| 1869 | Nephrolithotomy | | 227 | 5 013.40 | 181.6 | 3 138.00 | 5,00T | 693.20 |
| 1871 | Staghorn stone: Surgical | | 341 | 7 531.00 | 272.8 | 4 713.80 | 6,00T | 831.80 |
| 1873 | Suture renal laceration (renorraphy) | | 193 | 5 693.50 | 154.4 | 4 554.80 | 6 | 827.16 +T |
| 1879 | Closure of renal fistula | | 189 | 5 575.50 | 151.2 | 4 460.40 | 5 | 689.30 +T |
| 1881 | Pyeloplasty | | 252 | 7 434.00 | 201.6 | 5 947.20 | 5 | 689.30 +T |
| 1883 | Pyelostomy | | 189 | 5 575.50 | 151.2 | 4 460.40 | 5 | 689.30 +T |
| 1885 | Pyelolithotomy | | 189 | 5 575.50 | 151.2 | 4 460.40 | 5 | 689.30 +T |
| 1891 | Perinephric abscess or renal abscess: Drainage | | 200 | 5 900.00 | 160 | 4 720.00 | 7 | 965.02 +T |
| 10.2 | **Ureter** | | | | | | | |
| 1897 | Ureterorraphy: Suture of ureter | | 147 | 4 336.50 | 120 | 3 540.00 | 5 | 689.30 +T |
| 1898 | Ureterorraphy: Lumbar approach | | 189 | 5 575.50 | 151.2 | 4 460.40 | 5 | 689.30 +T |
| 1899 | Ureteroplasty | | 181 | 5 339.50 | 144.8 | 4 271.60 | 5 | 689.30 +T |
| 1903 | Ureterectomy only | | 137 | 4 041.50 | 120 | 3 540.00 | 5 | 689.30 +T |
| 1905 | Ureterolithotomy | | 265.8 | 5 869.90 | 212.64 | 3 674.00 | 5,00T | 693.20 |
| 1907 | Cutaneous ureterostomy: Unilateral | | 108 | 3 186.00 | 108 | 3 186.00 | 5 | 689.30 +T |
| 1911 | Uretero-enterostomy: Unilateral | | 137 | 4 041.50 | 120 | 3 540.00 | 5 | 689.30 +T |
| 1915 | Uretero-ureterostomy | | 137 | 4 041.50 | 120 | 3 540.00 | 5 | 689.30 +T |
| 1919 | Closure of ureteric fistula | | 147 | 4 336.50 | 120 | 3 540.00 | 5 | 689.30 +T |
| 1921 | Immediate deligation of ureter | | 147 | 4 336.50 | 120 | 3 540.00 | 5 | 689.30 +T |
| 1925 | Uretero-pyelostomy | | 252 | 7 434.00 | 201.6 | 5 947.20 | 5 | 689.30 +T |
| 1941 | Ureterostomy-in-situ: Unilateral | | 100 | 2 950.00 | 100 | 2 950.00 | 5 | 689.30 +T |
| 10.3 | **Bladder** | | | | | | | |
| 1945 | Installation of radio-opaque material for cystography or urethrocystography | | 5 | 147.50 | 5 | 147.50 | 3 | 413.58 +T |
| 1949 | Cystoscopy: Hospital equipment | | 44 | 1 298.00 | 44 | 1 298.00 | 3 | 413.58 +T |
| 1951 | And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral<br>Add to tariff code 1949 if appropriate | + | 10 | 295.00 | 10 | 295.00 | 3 | 413.58 +T |
| 1952 | J J Stent catheter | + | 44 | 1 298.00 | 44 | 1 298.00 | 3 | 413.58 +T |
| 1954 | Ureteroscopy | + | 35 | 1 032.50 | | | 3 | 413.58 +T |
| 1955 | And bilateral ureteric catheterisation with differential function studies requiring additional attention time<br>Add to tariff code 1949 or 1954 if appropriate | + | 35 | 1 032.50 | 35 | 1 032.50 | 3 | 413.58 +T |
| 1959 | With manipulation of ureteral calculus | + | 20 | 590.00 | 20 | 590.00 | 3 | 413.58 +T |
| 1961 | With removal of foreign body from urethra or bladder<br>Add to tariff code 1949 or 1954 if appropriate | + | 20 | 590.00 | 20 | 590.00 | 3 | 413.58 +T |

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| 1964 | And control of haemorrhage and blood clot evacuation<br>Add to tariff code 949 or 1954 if appropriate | + | 15 | 442.50 | 15 | 442.50 | 3 | 413.58 +T |
| 1976 | Optic urethrotomy | | 80 | 2 360.00 | 80 | 2 360.00 | 3 | 413.58 +T |
| 1979 | Internal urethrotomy: Female | | 50 | 1 475.00 | 50 | 1 475.00 | 3 | 413.58 +T |
| 1981 | Internal urethrotomy: Male | | 76.2 | 2 247.90 | 76.2 | 2 247.90 | 3 | 413.58 +T |
| 1985 | Transurethral resection of bladder neck: Female | | 105 | 3 097.50 | 105 | 3 097.50 | 5 | 689.30 +T |
| 1986 | Transurethral resection of bladder neck: Male | | 125 | 3 687.50 | 120 | 3 540.00 | 5 | 689.30 +T |
| 1987 | Litholapaxy | | 80 | 2 360.00 | 80 | 2 360.00 | 3 | 413.58 +T |
| 1989 | Cystometrogram | | 25 | 737.50 | 25 | 737.50 | 3 | 413.58 +T |
| 1991 | Flometric bladder studies with videocystography | | 40 | 1 180.00 | 40 | 1 180.00 | 3 | 413.58 +T |
| 1992 | Without videocystography | | 25 | 737.50 | 25 | 737.50 | 3 | 413.58 +T |
| 1993 | Voiding cystro-urethrogram | | 21 | 619.50 | 21 | 619.50 | 3 | 413.58 +T |
| 1995 | Percutaneous aspiration of bladder | | 10 | 295.00 | 10 | 295.00 | 3 | 413.58 +T |
| 1996 | Bladder catheterisation - male (not at operation) | | 6 | 177.00 | 6 | 177.00 | 3 | 413.58 +T |
| 1997 | Bladder catheterisation - female (not at operation) | | 3 | 88.50 | 3 | 88.50 | | |
| 1999 | Percutaneous cystostomy | | 24 | 708.00 | 24 | 708.00 | 3 | 413.58 +T |
| 2013 | Diverticulectomy (independent procedure): Multiple or single | | 137 | 4 041.50 | 120 | 3 540.00 | 5 | 689.30 +T |
| 2015 | Suprapubic cystostomy | | 67 | 1 976.50 | 67 | 1 976.50 | 5 | 689.30 +T |
| 2035 | Cutaneous vesicostomy | | 118 | 3 481.00 | 118 | 3 481.00 | 5 | 689.30 +T |
| 2039 | Operation for ruptured bladder | | 137 | 4 041.50 | 120 | 3 540.00 | 6 | 827.16 +T |
| 2043 | Cysto-lithotomy | | 132 | 2 915.10 | 120 | 2 073.30 | 5,00T | 693.20 |
| 2047 | Drainage of perivesical or prevesical abscess | | 105 | 3 097.50 | 105 | 3 097.50 | 5 | 689.30 +T |
| 2049 | Evacuation of clots from bladder: Other than post-operative | | 132.1 | 3 896.95 | 120 | 3 540.00 | 3 | 413.58 +T |
| 2050 | Evacuation of clots from bladder: Post-operative | | | | | | 4 | 551.44 +T |
| 2051 | Simple bladder lavage: Including catheterisation | | 12 | 354.00 | 12 | 354.00 | 3 | 413.58 +T |
| 10.4 | **Urethra** | | | | | | | |
| 2063 | Dilatation of urethra stricture: By passage sound: Initial (male) | | 20 | 590.00 | 20 | 590.00 | 3 | 413.58 +T |
| 2065 | Dilatation of urethra stricture: By passage sound: Subsequent (male) | | 10 | 295.00 | 10 | 295.00 | 3 | 413.58 +T |
| 2067 | Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male) | | 20 | 590.00 | 20 | 590.00 | 3 | 413.58 +T |
| 2071 | Urethrorraphy: Suture of urethral wound or injury | | 139 | 4 100.50 | 120 | 3 540.00 | 4 | 551.44 +T |
| 2075 | Urethraplasty: Pendulous urethra: First stage | | 71 | 2 094.50 | 71 | 2 094.50 | 4 | 551.44 +T |
| 2077 | Urethraplasty: Pendulous urethra: Second stage | | 145 | 4 277.50 | 120 | 3 540.00 | 4 | 551.44 +T |
| 2081 | Reconstruction or repair of male anterior urethra (one stage) | | 261.6 | 7 717.20 | 209.28 | 6 173.76 | 4 | 551.44 +T |
| 2083 | Reconstruction or repair of prostatic or membranous urethra: First stage<br>May not be used with tariff codes 2085 to 2086 | | 168 | 4 956.00 | 134.4 | 3 964.80 | 6 | 827.16 +T |
| 2085 | Reconstruction or repair of prostatic or membranous urethra: Second stage<br>May not be used with tariff codes 2083 and 2086 | | 168 | 4 956.00 | 134.4 | 3 964.80 | 6 | 827.16 +T |
| 2086 | Reconstruction or repair of prostatic or membranous urethra: If done in one stage | | 294 | 8 673.00 | 235.2 | 6 938.40 | 6 | 827.16 +T |
| 2095 | Drainage of simple localised perineal urinary extravasation | | 128.8 | 3 799.60 | 120 | 3 540.00 | 5 | 689.30 +T |
| 2097 | Drainage of extensive perineal and/or abdominal urinary extravasation | | 137 | 4 041.50 | 120 | 3 540.00 | 5 | 689.30 +T |
| 2103 | Simple urethral meatotomy | | 26.3 | 775.85 | 26.3 | 775.85 | 3 | 413.58 +T |
| 2105 | Incision of deep peri-urethral abscess: Female | | 123.1 | 3 631.45 | 120 | 3 540.00 | 3 | 413.58 +T |
| 2107 | Incision of deep peri-urethral abscess: Male | | 123.1 | 3 631.45 | 120 | 3 540.00 | 3 | 413.58 +T |
| 2109 | Badenoch pull-through for intractable stricture or incontinence | | 181 | 5 339.50 | 144.8 | 4 271.60 | 5 | 689.30 +T |
| 2111 | External sphincterotomy | | 108 | 3 186.00 | 108 | 3 186.00 | 5 | 689.30 +T |
| 2115 | Operation for correction of male urinary incontinence with or without introduction of prosthesis (excluding cost of prosthesis) | | 168 | 4 956.00 | 134.4 | 3 964.80 | 5 | 689.30 +T |
| 2116 | Urethral meatoplasty | | 101.5 | 2 994.25 | 101.5 | 2 994.25 | 3 | 413.58 +T |
| 2117 | Closure of urethrostomy or urethrocutaneous fistula (independent procedure) | | 150.3 | 4 433.85 | 120.24 | 3 547.08 | 3 | 413.58 +T |
| 11. | **MALE GENITAL SYSTEM** | | | | | | | |
| 11.1 | **Penis** | | | | | | | |
| 2141 | Reconstructive operation for insertion of prosthesis | | 101 | 2 979.50 | 101 | 2 979.50 | 3 | 413.58 +T |
| 2147 | Reconstructive operation of penis: for injury: Including fracture of penis and skin graft if required | | 168 | 4 956.00 | 134.4 | 3 964.80 | 3 | 413.58 +T |
| 2161 | Total amputation of penis: Without gland dissection | | 210 | 6 195.00 | 168 | 4 956.00 | 4 | 551.44 +T |
| 2167 | Partial amputation of penis: Without gland-dissection | | 84 | 2 478.00 | 84 | 2 478.00 | 4 | 551.44 +T |
| 2172 | Removal foreign body: Deep penile tissue (e.g. plastic implant) | | 123.1 | 3 631.45 | 120 | 3 540.00 | 3 | 413.58 +T |
| 2228 | Removal of foreign body: Scrotum | | 104.9 | 3 094.55 | 104.9 | 3 094.55 | 3 | 413.58 +T |

| | | | Specialist | | General Practitioner | | Anaesthetic | | |
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| 11.2 | **Testis and epididymis** | | | | | | | | |
| 2191 | Orchidectomy (total or subcapsular): Unilateral | | 98 | 2 891.00 | 98 | 2 891.00 | 3 | 413.58 | +T |
| 2193 | Orchidectomy (total or subcapsular): Bilateral | | 147 | 4 336.50 | 120 | 3 540.00 | 3 | 413.58 | +T |
| 2213 | Suture or repair of testicular injury | | 110.3 | 3 253.85 | 110.3 | 3 253.85 | 4 | 551.44 | +T |
| 2215 | Incision and Drainage of testis or epididymis e.g. abscess or haematoma | | 90 | 2 655.00 | 90 | 2 655.00 | 4 | 551.44 | +T |
| 2227 | Incision and drainage of scrotal wall abscess | | 42.7 | 1 259.65 | 42.7 | 1 259.65 | 3 | 413.58 | +T |
| 11.3 | **Prostate** | | | | | | | | |
| 2245 | Trans-urethral resection of prostate | | 252 | 7 434.00 | 201.6 | 5 947.20 | 6 | 827.16 | +T |
| 14. | **NERVOUS SYSTEM** | | | | | | | | |
| 14.1 | **Diagnostic procedures** | | | | | | | | |
| 2685 | Electro-oculography: Unilateral | | 30 | 885.00 | | | | | |
| 2686 | Electro-oculography: Bilateral<br>May not be used with tariff code 2685 | | 53 | 1 563.50 | | | | | |
| 2708 | Evaluation of cognitive evoked potential with visual or audiology stimulus | | 80 | 2 360.00 | | | | | |
| 2709 | Full spinogram including bilateral median and posterior-tibial studies | | 140 | 4 130.00 | | | | | |
| 2711 | Electro-encephalogram (EEG): 20-40 minutes record: Equipment cost for taking of record (Technical component) (refer to tariff code 2712 for interpretation and report) | | 105.60 | 3 115.20 | 105.6 | 3 115.20 | | | |
| 2712 | Clinical interpretation and report of tariff code 2711: Electro-encephalogram (EEG): 20-40 minutes record (Professional component) | | 16.6 | 489.70 | 16.6 | 489.70 | | | |
| 2713 | Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications | | 18.4 | 542.80 | 18.4 | 542.80 | | | |
| 2714 | Cisternal or lateral cervical (C1-C2) puncture: Without injection - stand-alone procedure<br>(Replaces tariff code 2731) | | 32 | 944.00 | 32 | 944.00 | | | |
| 2735 | Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician | | 31.5 | 929.25 | | | | | |
| 2737 | Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen | | 7 | 206.50 | 7 | 206.50 | | | |
| 2739 | Ventricular puncture: Fontanelle, suture or implanted ventricular catheter/reservoir, without injection, through excising burr hole | | 16 | 472.00 | 16 | 472.00 | 4 | 551.44 | +T |
| 2741 | Ventricular puncture: Fontanelle, suture, or implanted ventricular catheter/reservoir, with injection of medication or other substance for diagnosis or treatment, through excising burr hole | | 43 | 1 268.50 | 43 | 1 268.50 | 4 | 551.44 | +T |
| 2743 | Subdural tapping: First sitting | | 15 | 442.50 | 15 | 442.50 | 4 | 551.44 | +T |
| 2745 | Subdural tapping: Subsequent | | 10 | 295.00 | 10 | 295.00 | 4 | 551.44 | +T |
| 14.2 | **Introduction of burr holes for** | | | | | | | | |
| 2747 | Burr hole(s): Ventricular puncture, Includes injection of gas, contrast media, dye or radioactive material | | 223.8 | 6 602.10 | 179.04 | 5 281.68 | 8 | 1102.88 | +T |
| 2749 | Catheterisation for ventriculography and/or drainage | | 150 | 4 425.00 | 120 | 3 540.00 | 8 | 1102.88 | +T |
| 2752 | Twist drill hole(s): Includes subdural, intracerebral or ventricular puncture for evacuation and/or drainage of subdural haematoma | | 272.2 | 8 029.90 | 217.76 | 6 423.92 | 9 | 1240.74 | +T |
| 2753 | Burr hole(s). Includes evacuation and/or drainage of haematoma: Extradural or subdural | | 379.4 | 11 192.30 | 303.52 | 8 953.84 | 9 | 1240.74 | +T |
| 2754 | Burr hole(s) or trephine: Includes subsequent tapping (aspiration) of intracranial abscess | | 296.4 | 8 743.80 | 237.12 | 6 995.04 | 9 | 1240.74 | +T |
| 2755 | Burr hole(s): Includes aspiration of haematoma or cyst, intracerebral (total procedure) | | 369.9 | 10 912.05 | 295.92 | 8 729.64 | 9 | 1240.74 | +T |
| 2757 | Burr hole(s) or trephine: Includes drainage of brain abscess or cyst (total procedure) | | 402.8 | 11 882.60 | 322.24 | 9 506.08 | 9 | 1240.74 | +T |
| 2760 | Burr hole(s) or trephine: Supratentorial, exploratory, not followed by other surgery | | 255.9 | 7 549.05 | 204.72 | 6 039.24 | 9 | 1240.74 | +T |
| 2761 | Burr hole(s) or trephine: Infratentorial, unilateral or bilateral<br>Use once per service | | 218.9 | 6 457.55 | 175.12 | 5 166.04 | 9 | 1240.74 | +T |
| 14.3 | **Nerve procedures** | | | | | | | | |
| 2765 | Nerve conduction studies (see tariff codes 0733 and 3285) | | 26 | 767.00 | 26 | 767.00 | 4 | 551.44 | +T |
| 14.3.1 | **Nerve repair of suture** | | | | | | | | |

| | | | Specialist | | General Practitioner | | Anaesthetic | |
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| 2767 | Suture Brachial Plexus (see also tariff codes 2837 and 2839) | | 379 | 11 180.50 | 303.2 | 8 944.40 | 6 | 827.16 +T |
| 2769 | Suture: Large nerve: Primary | | 297.7 | 8 782.15 | 238.16 | 7 025.72 | 5 | 689.30 +T |
| 2771 | Suture: Large nerve: Secondary | | 202 | 5 959.00 | 161.6 | 4 767.20 | 5 | 689.30 +T |
| 2773 | Suture: Digital nerve: Primary | | 199 | 5 870.50 | 159.2 | 4 696.40 | 3 | 413.58 +T |
| 2775 | Suture: Digital nerve: Secondary | | 96 | 2 832.00 | 96 | 2 832.00 | 3 | 413.58 +T |
| 2777 | Nerve graft: Simple | | 309 | 9 115.50 | 247.2 | 7 292.40 | 4 | 551.44 +T |
| 2779 | Fascicular: First fasciculus | | 202 | 5 959.00 | 161.6 | 4 767.20 | 4 | 551.44 +T |
| 2781 | Fascicular: Each additional fasciculus | | 50 | 1 475.00 | 50 | 1 475.00 | 4 | 551.44 +T |
| 2782 | Nerve pedicle transfer: First stage (not to be used together with tariff code 2783) | | 309.1 | 9 118.45 | 247.28 | 7 294.76 | 4 | 551.44 +T |
| 2783 | Fascicular: Nerve flap: To include all stages | | 224 | 6 608.00 | 179.2 | 5 286.40 | 4 | 551.44 +T |
| 2784 | Nerve pedicle transfer: Second stage (not to be used together with tariff code 2783) | | 338.3 | 9 979.85 | 270.64 | 7 983.88 | 4 | 551.44 +T |
| 2785 | Fascicular: Facio-accessory or facio-hypoglossal anastomosis | | 124 | 3 658.00 | 120 | 3 540.00 | 6 | 827.16 +T |
| 2787 | Fascicular: Grafting of facial nerve | | 215 | 6 342.50 | 172 | 5 074.00 | 5 | 689.30 +T |
| 14.3.2 | **Neurectomy** | | | | | | | |
| 2795 | Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, one level (unilateral or bilateral) | | 45.4 | 1 339.30 | 45.4 | 1 339.30 | 5 | 689.30 +T |
| 2796 | Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, each additional level each additional level (unilateral or bilateral) | + | 16.3 | 480.85 | 16.3 | 480.85 | 5 | 689.30 +T |
| 2797 | Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, one level (unilateral or bilateral) | | 44 | 1 298.00 | 44 | 1 298.00 | 5 | 689.30 +T |
| 2798 | Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, each additional level (unilateral or bilateral) | + | 15 | 442.50 | 15 | 442.50 | 5 | 689.30 +T |
| 2799 | Procedures for pain relief: Intrathecal injections for pain<br>When this procedure is performed by an anaesthesiologist he/she acts as the clinician and not an anaesthesiologist and the indicated clinical procedure units should be coded and not the anaesthetic units. | | 36 | 1 062.00 | 36 | 1 062.00 | 4 | 551.44 +T |
| 2800 | Procedures for pain relief: Plexus nerve block<br>When this procedure is performed by an anaesthesiologist he/she acts as the clinician and not an anaesthesiologist and the indicated clinical procedure units should be coded and not the anaesthetic units **Refer to annexure c attached to this gazette** (motivation to be supplied by treating medical Doctor) | | 36 | 1 062.00 | 36 | 1 062.00 | | Fees as for specialist |
| 2801 | Procedures for pain relief: Plexus nerve block<br>When this procedure is performed by an anaesthesiologist he/she acts as the clinician and not an anaesthesiologist and the indicated clinical procedure units should be coded and not the anaesthetic units **Refer to annexure c attached to this gazette** (motivation to be supplied by treating medical Doctor) | | 36 | 1 062.00 | 36 | 1 062.00 | | Fees as for specialist |
| 2802 | Procedures for pain relief: Peripheral nerve block<br>When this procedure is performed by an anaesthesiologist he/she acts as the clinician and not an anaesthesiologist and the indicated clinical procedure units should be coded and not the anaesthetic units. **Refer to annexure c attached to this gazette** (motivation to be supplied by treating medical Doctor) | | 25 | 737.50 | 25 | 737.50 | | Fees as for specialist |
| 2803 | Alcohol injection in peripheral nerves for pain: Unilateral<br>May not be used with tariff code 2805<br>When this procedure is performed by an anaesthesiologist he/she acts as the clinician and not an anaesthesiologist and the indicated clinical procedure units should be coded and not the anaesthetic units. | | 20 | 590.00 | 20 | 590.00 | 3 | 413.58 +T |
| 2804 | Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique) To be used only with tariff codes 2799, 2800, 2801 or 2802 | + | 10 | 295.00 | 10 | 295.00 | | Fees as for specialist |
| 2805 | Alcohol injection in peripheral nerves for pain: Bilateral<br>May not be used with tariff code 2803<br>When this procedure is performed by an anaesthesiologist he/she acts as the clinician and not an anaesthesiologist and the indicated clinical procedure units should be coded and not the anaesthetic units. | | 35 | 1 032.50 | 35 | 1 032.50 | 3 | 413.58 +T |
| 2809 | Peripheral nerve section for pain | | 45 | 1 327.50 | 45 | 1 327.50 | 3 | 413.58 +T |
| 2813 | Obturator or Stoffels | | 96 | 2 723.52 | 96 | 2 723.52 | 3 | 397.68 +T |

| | | | Specialist | | General Practitioner | | Anaesthetic | | |
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| 2815 | Interdigital | | 82.3 | 2 427.85 | 82.3 | 2 427.85 | 3 | 413.58 | +T |
| 2825 | Excision: Neuroma: Peripheral | | 213 | 6 283.50 | 170.4 | 5 026.80 | 3 | 413.58 | +T |
| 14.3.3 | **Other nerve procedures** | | | | | | | | |
| 2827 | Transposition of ulnar nerve | | 170 | 5 015.00 | 136 | 4 012.00 | 3 | 413.58 | +T |
| 2829 | Neurolysis: Minor<br>May not be used with tariff code 2831 | | 51 | 1 504.50 | 51 | 1 504.50 | 3 | 413.58 | +T |
| 2831 | Neurolysis: Major<br>May not be used with tariff code 2829 | | 141 | 4 159.50 | 120 | 3 540.00 | 3 | 413.58 | +T |
| 2833 | Neurolysis: Digital | | 141 | 4 159.50 | 120 | 3 540.00 | 3 | 413.58 | +T |
| 2835 | Scalenotomy | | 132 | 3 894.00 | 120 | 3 540.00 | 6 | 827.16 | +T |
| 2837 | Neuroplasty: Brachial plexus | | 300 | 8 850.00 | 240 | 7 080.00 | 6 | 827.16 | +T |
| 2839 | Total brachial plexus exposure with graft, neurolysis and transplantation | | 895.2 | 26 408.40 | 716.16 | 21 126.72 | 6 | 827.16 | +T |
| 2843 | Lumbar sympathectomy: Unilateral | | 153 | 4 513.50 | 122.4 | 3 610.80 | 4 | 551.44 | +T |
| 2845 | Lumbar sympathectomy: Bilateral | | 268 | 7 906.00 | 214.4 | 6 324.80 | 6 | 827.16 | +T |
| 2849 | Sympathetic block: Other levels: Unilateral | | 20 | 590.00 | 20 | 590.00 | 3 | 413.58 | +T |
| 2851 | Sympathetic block: Other levels: Bilateral<br>May not be used with tariff code 2849 | | 35 | 1 032.50 | 35 | 1 032.50 | 3 | 413.58 | +T |
| 14.4 | **Skull procedures** | | | | | | | | |
| 2855 | Craniectomy: Includes excision of tumour or other bone lesion of skull (total procedure) | | 396 | 11 682.00 | 317.2 | 9 357.40 | 11 | 1516.46 | +T |
| 2859 | Depressed skull fracture: Elevation of fracture, compound or comminuted, extradural (total procedure) | | 377.9 | 11 148.05 | 302.32 | 8 918.44 | 9 | 1240.74 | +T |
| 2860 | Depressed skull fracture: Elevation of fracture, simple, extradural (total procedure) | | 307.1 | 9 059.45 | 245.68 | 7 247.56 | 9 | 1240.74 | +T |
| 2862 | Depressed skull fracture: Elevation of fracture with repair of dura and/or debridement of brain (total procedure)<br>Replaces tariff code 2861 | | 455.1 | 13 425.45 | 364.08 | 10 740.36 | 11 | 1516.46 | +T |
| 2863 | Cranioplasty: Skull defect =<5 cm diameter: With/without prosthesis | | 309.1 | 9 118.45 | 247.28 | 7 294.76 | 9 | 1240.74 | +T |
| 2875 | Theco-peritoneal C.S.F. shunt | | 280 | 8 260.00 | 224 | 6 608.00 | 8 | 1102.88 | +T |
| 6043 | Cranioplasty: Skull defect; >5 cm diameter | | 340.80 | 10 053.60 | 272.64 | 8 042.88 | 9 | 1240.74 | +T |
| 6044 | Removal of bone flap or prosthetic plate of skull: For malignancy/acquired deformity of head/infection or inflammatory reaction due to device, implant and/or graft | | 264.90 | 7 814.55 | 211.92 | 6 251.64 | 9 | 1240.74 | +T |
| 6045 | Replacement of bone flap or prosthetic plate of skull: For malignancy/acquired deformity of head/open fracture /late effect of fracture/ infection or inflammatory reaction due to device, implant or graft (total procedure) | | 311.40 | 9 186.30 | 249.12 | 7 349.04 | 9 | 1240.74 | +T |
| 6046 | Cranioplasty: Skull defect, with reparative brain surgery: With/without prosthesis<br>May not be used with tariff codes 6047 to 6048 | | 421.70 | 12 440.15 | 337.36 | 9 952.12 | 11 | 1516.46 | +T |
| 6047 | Cranioplasty: Includes autograft and obtaining bone grafts; =<5 cm diameter (total procedure)<br>May not be used with tariff codes 6046 and 6048 | | 371.40 | 10 956.30 | 297.12 | 8 765.04 | 9 | 1240.74 | +T |
| 6048 | Cranioplasty: Includes autograft and obtaining bone grafts; >5 cm diameter (total procedure)<br>May not be used with tariff codes 6046 to 6047 | | 432.70 | 12 764.65 | 346.16 | 10 211.72 | 9 | 1240.74 | +T |
| 6049 | Incision and retrieval: Cranial bone graft for cranioplasty, subcutaneous. ADD to primary procedure 6046 to 6048 | | 37.30 | 1 100.35 | 37.30 | 1 100.35 | | | +T |
| 6061 | Creation of subarachnoid/subdural-peritoneal shunt: Pleural or peritoneal space or other terminus, through burr hole and directing and tunneling the distal end of the shunt subcutaneously towards the draining site (non-neuroendoscopic procedure) (total procedure) | | 290.80 | 8 578.60 | 232.64 | 6 862.88 | 10 | 1378.60 | +T |
| 6062 | Replacement or irrigation: Subarachnoid or subdural catheter, non-neuroendoscopic procedure (total procedure) | | 111.40 | 3 286.30 | 111.40 | 3 286.30 | 10 | 1378.60 | +T |
| 6063 | Ventriculocisternostomy of the third ventricle: Stereotactic, neuroendoscopic method (under CT guidance for stereotactic positioning) (tariff codes 6055 and 6148 may not be added) | | 358.80 | 10 584.60 | 287.04 | 8 467.68 | 10 | 1378.60 | +T |
| 6064 | Replacement/irrigation: Previously placed intraoperative ventricular catheter | | 158.30 | 4 669.85 | 126.64 | 3 735.88 | 10 | 1378.60 | +T |
| 6065 | Replacement/revision: Cerebrospinal fluid (CSF) shunt/obstructed valve/distal catheter in shunt system | | 252.30 | 7 442.85 | 201.84 | 5 954.28 | 10 | 1378.60 | +T |
| 6066 | Reprogramming of programmable cerebrospinal shunt, at the time of a routine office visit | | 26.00 | 767.00 | 26.00 | 767.00 | 10 | 1378.60 | +T |
| 6067 | Removal: Complete cerebrospinal fluid shunt system only (non-neuroendoscopic procedure) | | 180.00 | 5 310.00 | 144.00 | 4 248.00 | 10 | 1378.60 | +T |

| | | | Specialist | | General Practitioner | | Anaesthetic | |
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| | | | U | R | U | R | U | R T |
| 6068 | Cerebrospinal fluid (CSF) shunt system: Complete removal, with replacement by similar or other shunt at same operation | | 335.50 | 9 897.25 | 268.40 | 7 917.80 | 10 | 1378.60 +T |
| 14.6 | **Aneurysm repair** | | | | | | | |
| 2876 | Repair of aneurysm or arterior-venous anomalies (intracranial) | | 700 | 20 650.00 | 560 | 16 520.00 | 15 | 2067.90 +T |
| 14.6.1 | **Shunt procedures and neuroendoscopy** | | | | | | | |
| 2869 | Ventriculocisternostomy: From the third ventricle to the cisterna magna (total procedure) | | 409.00 | 12 065.50 | 327.20 | 9 652.40 | 10 | 1378.60 |
| 2871 | Creation of shunt: Ventriculo-atrial, -jugular, -auricular<br>May not be used with tariff code 2873 | | 307.20 | 9 062.40 | 245.76 | 7 249.92 | 10 | 1378.60 |
| 2873 | Creation of shunt: Ventriculo-peritoneal, -pleural, other terminus<br>May not be used with tariff code 2871 | | 315.40 | 9 304.30 | 252.32 | 7 443.44 | 10 | 1378.60 |
| 6055 | Neuroendoscopy: Intracranial placement or replacement of ventricular catheter and attachment to shunt system or external drainage. ADD to main procedure | | 56.00 | 1 652.00 | 56.00 | 1 652.00 | 8 | 1102.88 |
| 6058 | Neuroendoscopy: Intracranial, with retrieval of foreign body | | 364.80 | 10 761.60 | 291.84 | 8 609.28 | 11 | 1516.46 |
| 14.7 | **Posterior fossa surgery** | | | | | | | |
| 2879 | Glosso-pharyngeal nerve | | 480 | 14 160.00 | 384 | 11 328.00 | 6 | 827.16 +T |
| 2881 | Eighth nerve: Intracranial | | 480 | 14 160.00 | 384 | 11 328.00 | 8 | 1102.88 +T |
| 2887 | Eighth nerve: Vestibular nerve | | 480 | 14 160.00 | 384 | 11 328.00 | 9 | 1240.74 +T |
| 14.7.1 | **Supratentorial procedures** | | | | | | | |
| 2891 | Craniectomy for excision of brain tumour: Infratentorial or posterior fossa for excision of brain tumour. Excludes meningioma, cerebellopontine angle tumour or midline tumour at base of skull | | 819 | 24 160.50 | 655.76 | 19 344.92 | 13 | 1792.18 +T |
| 2892 | Micro vascular decompression of cranial nerve (suboccipital) | | 553 | 16 313.50 | 442 | 13 039.00 | 6 | 827.16 +T |
| 2893 | Craniectomy for excision of brain abscess: Infratentorial or posterior fossa for excision of brain abscess | | 648.3 | 19 124.85 | 518.64 | 15 299.88 | 13 | 1792.18 +T |
| 2899 | Craniectomy/craniotomy: With evacuation of infratentorial haematoma, subdural or extradural | | 375 | 11 062.50 | 300 | 8 850.00 | 11 | 1516.46 +T |
| 14.8 | **Craniotomy for** | | | | | | | |
| 2900 | Extra-dural orbital decompression | | 700 | 20 650.00 | 560 | 16 520.00 | 11 | 1516.46 +T |
| 2903 | Abscess, glioma | | 450 | 13 275.00 | 360 | 10 620.00 | 11 | 1516.46 +T |
| 2904 | Craniectomy/craniotomy: With evacuation of supratentorial, intracerebral haematoma | | 590.2 | 17 410.90 | 472.16 | 13 928.72 | 11 | 1516.46 +T |
| 2905 | Craniotomy with elevation of bone flap: Excision of epileptogenic focus without electrocorticography during surgery | | 489 | 14 425.50 | 391.2 | 11 540.40 | 11 | 1516.46 +T |
| 2906 | Craniotomy: Skull based repair of encephalocele (total procedure) | | 493.5 | 14 558.25 | 394.8 | 11 646.60 | 11 | 1458.16 +T |
| 2909 | Craniotomy: Repair of dural/cerebrospinal fluid (CSF) leak. Includes surgery for rhinorrhea/otorrhea<br>May not be used with tariff codes 6196 and 6197 | | 450 | 13 275.00 | 360 | 10 620.00 | 11 | 1516.46 +T |

| | | Specialist | | General Practitioner | | Anaesthetic | |
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| 6085 | Craniectomy/craniotomy: With exploration of the infratentorial area (below the tentorium of the cerebellum), posterior fossa (total procedure) | 596.4 | 17 593.80 | 477.12 | 14 075.04 | 13 | 1792.18 +T |
| 6086 | Craniectomy/craniotomy: With evacuation of infratentorial, intracerebellar haematoma (total procedure) | 614.3 | 18 121.85 | 491.44 | 14 497.48 | 13 | 1792.18 +T |
| 6087 | Craniectomy/craniotomy: With drainage of intracranial abscess in the infratentorial region with suction and irrigating the area while monitoring for haemorrhage (total procedure) | 631.8 | 18 638.10 | 505.44 | 14 910.48 | 13 | 1792.18 +T |
| 6088 | Cranial decompression caused by excess fluid (e.g. blood and pathological tissue), using posterior fossa approach by drilling/sawing through the occipital bone (total procedure) | 605.1 | 17 850.45 | 484.08 | 14 280.36 | 13 | 1792.18 +T |
| 6090 | Craniectomy at base of skull (suboccipital): With freeing and section of one or more cranial nerves (total procedure) | 624 | 18 408.00 | 499.2 | 14 726.40 | 11 | 1516.46 +T |
| 6115 | Craniectomy/craniotomy: Supratentorial exploration | 487.1 | 14 369.45 | 389.68 | 11 495.56 | 11 | 1516.46 +T |
| 6116 | Incision and subcutaneous placement of cranial bone graft (e.g. split- or full thickness); shaving graft or bone dust; with donor site already exposed for the main procedure. | 25.9 | 764.05 | 25.9 | 764.05 | 11 | 1516.46 +T |
| 6117 | Craniectomy/craniotomy: Drainage of intracranial abscess in the supratentorial region (total procedure) | 564.7 | 16 658.65 | 451.76 | 13 326.92 | 11 | 1516.46 +T |
| 6118 | Decompressive craniectomy/craniotomy: With or without duraplasty, for treating intracranial hypertension (most commonly caused by severe closed-head trauma) without evacuation of associated intraparenchymal haematoma or lobectomy | 705.1 | 20 800.45 | 564.08 | 16 640.36 | 11 | 1516.46 +T |
| 6120 | Decompression of (roof of) orbit only: Transcranial approach (total procedure) | 548.6 | 16 183.70 | 438.88 | 12 946.96 | 11 | 1516.46 +T |
| 6125 | Craniectomy/trephination (bone flap craniotomy): Supratentorial excision of brain abscess | 566.2 | 16 702.90 | 452.96 | 13 362.32 | 11 | 1516.46 +T |
| 6141 | Craniectomy/craniotomy: Excision of foreign body from brain | 554.3 | 16 351.85 | 443.44 | 13 081.48 | 11 | 1516.46 +T |
| 6142 | Craniectomy/craniotomy: Treatment of penetrating wound of brain | 589.9 | 17 402.05 | 471.92 | 13 921.64 | 11 | 1516.46 +T |
| 14.8.1 | **Stereo-tactic cerebral and spinal cord procedures** | | | | | | |
| 2918 | *(code moved to consultation section)* | | | | | | |
| 14.8.2 | **Repair and/or Reconstruction of Surgical Defects of Skull Base** | | | | | | |
| 6196 | Repair of dura for cerebrospinal fluid (CSF) leak: Secondary repair, anterior, middle or posterior cranial fossa following surgery of the skull base, by free tissue graft (e.g. pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)<br>May not be used with tariff code 6197 | 388.7 | 11 466.65 | 310.96 | 9 173.32 | 11 | 1516.46 +T |
| 6197 | Repair of dura for cerebrospinal fluid (CSF) leak: Secondary anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalised vascularised pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)<br>May not be used with tariff code 6196 | 437.8 | 12 915.10 | 350.24 | 10 332.08 | 11 | 1516.46 +T |
| 14.9 | **Spinal operations**<br>**Note: See section 3.8.7 for laminectomy procedures** | | | | | | |
| 2923 | Chordotomy: Unilateral | 178 | 5 251.00 | 142.4 | 4 200.80 | 3 | 413.58 +T+M |
| 2925 | Chordotomy: Open | 350 | 10 325.00 | 280 | 8 260.00 | 3 | 413.58 +T+M |
| 2927 | Rhizotomy: Extradural, but intraspinal | 320 | 9 440.00 | 256 | 7 552.00 | 3 | 413.58 +T+M |
| 2928 | Rhizotomy: Intradural | 350 | 10 325.00 | 280 | 8 260.00 | 3 | 413.58 +T+M |
| 2940 | Lumbar osteophyte removal | 187 | 5 516.50 | 149.6 | 4 413.20 | 3 | 413.58 +T+M |
| 2941 | Cervical or thoracic osteophyte removal | 285 | 8 407.50 | 228 | 6 726.00 | 3 | 413.58 +T+M |
| 14.10 | **Arterial ligations** | | | | | | |
| 2951 | Carotis: Trauma<br>May not be used with tariff code1396 | 120 | 3 540.00 | 120 | 3 540.00 | 8 | 1102.88 +T |

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| | | | Psychiatrist | | Other Specialists and General Practitioner | | Anaesthetic | | |
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| 14.11 | **Medical Psychotherapy** | | | | | | | | |
| 2957 | Psychotherapy (specific psychotherapy with approved evidence based method): Per short session (10-20 minutes)<br>Use once per day only. | | 20 | 590.00 | 16 | 472.00 | | | |
| 2968 | Group therapy: Adults (specify number): Code per person per 80-minute session.<br>Use once per day only. | | 8 | 236.00 | 8 | 236.00 | | | |
| 2974 | Psychotherapy (specific psychotherapy with approved evidence based method): Per intermediate session (21-40 minutes)<br>Use once per day only.<br>May not be used with tariff code 2975 | | 40 | 1 180.00 | 32 | 944.00 | | | |
| 2975 | Psychotherapy (specific psychotherapy with approved evidence based method): Per extended session (41 minutes and longer)<br>Use once per day only.<br>May not be used with tariff code 2974 | | 60 | 1 770.00 | 48 | 1 416.00 | | | |
| 14.12 | **Physical treatment methods** | | | | | | | | |
| 2970 | Electro-convulsive treatment (ECT) - each time (see rule Va) | | 17 | 501.50 | 17 | 501.50 | 3 | 413.58 | +T |
| 14.13 | **Psychiatric examination methods** | | | | | | | | |
| 2972 | Narco-analysis (maximum of 3 sessions per treatment) - per session | | 24 | 708.00 | | | | | |
| 2973 | Psychometry by Psychiatrist (specify examination) - per session (maximum of 3 sessions per examination) | | 24 | 708.00 | | | | | |

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| | | | Specialist | | General practitioner | | Anaesthetic | |
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| 15. | **GENERAL** | | | | | | | |
| 3001 | Implantation of pellets (excluding cost of material) (excluding aftercare) | | 3 | 88.50 | 3 | 88.50 | | |
| 16. | **EYE** | | | | | | | |
| 16.1 | **Procedures performed in rooms** | | | | | | | |
| 16.1.1 | **Eye investigations**<br>**Note: Not more that three (3) tariff codes in this section may be charged during one visit**<br>Eye investigations and photography refer to one or both eyes except where otherwise indicated<br>Material used is excluded<br>The tariff for photography is not related to the number of photographs taken | | | | | | | |
| 3002 | Gonioscopy | | 7 | 206.50 | 7 | 206.50 | | |
| 3003 | Fundus contact lens or 90D lens examination(not to be charged with tariff code 3004 and/or tariff code 3012) | | 7 | 206.50 | 7 | 206.50 | | |
| 3004 | Peripheral fundus examination with indirect ophthalmoscope (not to be charged with tariff code 3003 and/or tariff code 3012) | | 7 | 206.50 | 7 | 206.50 | | |
| 3008 | Contrast sensitivity test | | 7 | 206.50 | 7 | 206.50 | | |
| 3009 | Basic capital equipment used in own rooms by Ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations | + | 11.68 | 344.56 | - | | | |
| 3112 | Fitting of contact lens for treatment of disease including supply of lens. Bandage contact lens in pathological corneal conditions such as: corneal erosion, ulcer, abrasion or corneal wound<br>May not be used with tariff code 3113 | | 12.2 | 359.90 | 12.2 | 359.90 | | |
| 3013 | Ocular motility assessment: Comprehensive examination | | 12 | 354.00 | 12 | 354.00 | | |
| 3014 | Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes) | | 7 | 206.50 | 7 | 206.50 | | |
| 3021 | Retinal function assessment including refraction after occular surgery (within four months), maximum two examinations | | 9 | 265.50 | 9 | 265.50 | | - |
| 16.1.2 | **Special eye investigations** | | | | | | | |
| 3015 | Charting of visual field with manual perimeter | | 28 | 826.00 | 28 | 826.00 | | |
| 3016 | Retinal threshold test without storage facilities | | 30 | 885.00 | 30 | 885.00 | | |
| 3017 | Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs | | 74 | 2 183.00 | 74 | 2 183.00 | | |
| 3018 | Retinal threshold trend evaluation (additional to 3017) | | 16 | 472.00 | 16 | 472.00 | | - |
| 3020 | Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery | | 46 | 1 357.00 | 46 | 1 357.00 | | - |
| 3026 | Electronic tonography | | 19 | 560.50 | 19 | 560.50 | | - |
| 3027 | Fundus photography | | 21 | 619.50 | 21 | 619.50 | | - |
| 3029 | Anterior segment microphotography | | 21 | 619.50 | 21 | 619.50 | | - |
| 3031 | Fluorescein angiography: One or both eyes | | 45 | 1 327.50 | 45 | 1 327.50 | 4 | 551.44 +T |
| 3032 | Eyelid and orbit photography | | 9 | 265.50 | 9 | 265.50 | | - |
| 3033 | Interpretation of tariff code 3031 referred by other clinician | | 15 | 442.50 | 15 | 442.50 | | - |
| 3034 | Determination of lens implant power per eye | | 15 | 442.50 | 15 | 442.50 | | - |
| 3035 | Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged | | 22 | 649.00 | 22 | 649.00 | | As per procedure |
| 3036 | Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes) | | 36 | 1 062.00 | 36 | 1 062.00 | | |
| 16.2 | **Retina** | | | | | | | |
| 3037 | Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy | | 306.9 | 9 053.55 | 245.52 | 7 242.84 | 6 | 827.16 +T |

| | | | Specialist | | General Practitioner | | Anaesthetic | |
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| 3039 | Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye | | 105 | 3 097.50 | 105 | 3 097.50 | 6 | 827.16 +T |
| 3041 | Pan retinal photocoagulation (per eye), done in one sitting (Subsequent sittings: Modifier 0005) | | 150 | 4 425.00 | 120 | 3 540.00 | 6 | 827.16 +T |
| 3044 | Removal of encircling band and/or buckling material | | 105 | 3 097.50 | 105 | 3 097.50 | 6 | 827.16 +T |
| 16.3 | **Cataract** | | | | | | | |
| 3045 | Intra-capsular extraction | | 210 | 6 195.00 | 168 | 4 956.00 | 7 | 965.02 +T |
| 3047 | Extra-capsular (including capsulotomy) | | 210 | 6 195.00 | 168 | 4 956.00 | 7 | 965.02 +T |
| 3049 | Insertion of lenticulus in addition to 3045 or 3047 (cost of lens excluded) Modifier 0005 not applicable | | 57 | 1 681.50 | 57 | 1 681.50 | 7 | 965.02 +T |
| 3050 | Repositioning of intra ocular lens | | 171.1 | 5 047.45 | 136.88 | 4 037.96 | 7 | 965.02 +T |
| 3051 | Needling or capsulotomy | | 130 | 3 835.00 | 120 | 3 540.00 | 4 | 551.44 +T |
| 3052 | Laser capsulotomy | | 105 | 3 097.50 | 105 | 3 097.50 | 4 | 551.44 +T |
| 3057 | Removal of lenticulus | | 210 | 6 195.00 | 168 | 4 956.00 | 7 | 965.02 +T |
| 3058 | Exchange of intra ocular lens | | 236 | 6 962.00 | 188.8 | 5 569.60 | 7 | 965.02 +T |
| 3059 | Insertion of lenticulus when 3045 or 3047 was not executed (cost of lens excluded) | | 210 | 6 195.00 | 168 | 4 956.00 | 7 | 965.02 +T |
| 3060 | Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only) | | 4 | 118.00 | | | | |
| 16.4 | **Glaucoma** | | | | | | | |
| 3061 | Drainage operation | | 247.6 | 7 304.20 | 198.08 | 5 843.36 | 6 | 827.16 +T |
| 3062 | Implantation of aqueous shunt device/seton in glaucoma (additional to tariff code 3061) | | 60 | 1 770.00 | 60 | 1 770.00 | 6 | 827.16 +T |
| 3063 | Cycloryotherapy or cyclodiathermy | | 105 | 3 097.50 | 105 | 3 097.50 | 6 | 827.16 +T |
| 3064 | Laser trabeculoplasty | | 105 | 3 097.50 | 105 | 3 097.50 | 6 | 827.16 +T |
| 3065 | Removal of blood anterior chamber | | 105 | 3 097.50 | 105 | 3 097.50 | 4 | 551.44 +T |
| 3067 | Goniotomy | | 210 | 6 195.00 | 168 | 4 956.00 | 7 | 965.02 +T |
| 16.5 | **Intra-ocular foreign body** | | | | | | | |
| 3071 | Intra-ocular foreign body: Anterior to Iris | | 127 | 3 746.50 | 120 | 3 540.00 | 4 | 551.44 +T |
| 3073 | Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina) | | 210 | 6 195.00 | 168 | 4 956.00 | 6 | 827.16 +T |
| 16.6 | **Strabismus** | | | | | | | |
| 3075 | Strabismus (whether operation performed on one eye or both): Operation on one or two muscles | | 175.6 | 5 180.20 | 140.48 | 4 144.16 | 5 | 689.30 +T |
| 3076 | Strabismus (whether operation performed on one eye or both): Operation on three or four muscles | | 200 | 5 900.00 | 160 | 4 720.00 | 5 | 689.30 +T |
| 3077 | Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles | | 120 | 3 540.00 | 120 | 3 540.00 | 5 | 689.30 +T |
| 3078 | Strabismus (whether operation performed on one eye or both): Subsequent operation on three of four muscles | | 150 | 4 425.00 | 120 | 3 540.00 | 5 | 689.30 +T |
| 16.7 | **Globe** | | | | | | | |
| 3080 | Examination of eyes under general anaesthetic where no surgery is done | | 80 | 2 360.00 | 80 | 2 360.00 | 4 | 551.44 +T |
| 3081 | Treatment of minor perforating injury | | 161.6 | 4 767.20 | 129.28 | 3 813.76 | 6 | 827.16 +T |
| 3083 | Treatment of major perforating injury | | 267.5 | 7 891.25 | 214 | 6 313.00 | 6 | 827.16 +T |
| 3085 | Enucleation or Evisceration | | 105 | 3 097.50 | 105 | 3 097.50 | 5 | 689.30 +T |
| 3087 | Enucleation or evisceration with mobile implant: Excluding cost of implant and prosthesis<br>May not be used with tariff code 3085 | | 160 | 4 720.00 | 128 | 3 776.00 | 5 | 689.30 +T |
| 3088 | Hydroxyapetite insertion (Additional to tariff code 3087) | + | 40 | 1 180.00 | 40 | 1 180.00 | 5 | 689.30 +T |
| 3089 | Subconjunctival injection if not done at time of operation | | 10 | 295.00 | 10 | 295.00 | 5 | 689.30 +T |
| 3091 | Retrobulbar injection (if not done at time of operation) | | 16 | 472.00 | 16 | 472.00 | 4 | 551.44 +T |
| 3092 | External laser treatment for superficial lesions | | 53 | 1 563.50 | 53 | 1 563.50 | | |
| 3096 | Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy | | 130 | 3 835.00 | 120 | 3 540.00 | 7 | 965.02 +T |
| 3097 | Anterior vitrectomy | | 280 | 8 260.00 | 224 | 6 608.00 | 6 | 827.16 +T |
| 3098 | Removal of silicon from globe | | 280 | 8 260.00 | 224 | 6 608.00 | 6 | 827.16 +T |
| 3099 | Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement<br>May not be used with tariff code 3097 | | 419 | 12 360.50 | 335.2 | 9 888.40 | 6 | 827.16 +T |
| 3100 | Lensectomy done at time of posterior vitrectomy | | 30 | 885.00 | 30 | 885.00 | 7 | 965.02 +T |
| 16.8 | **Orbit** | | | | | | | |
| 3101 | Drainage of orbital abscess | | 105 | 3 097.50 | 105 | 3 097.50 | 5 | 689.30 +T |

| | | Specialist | | General Practitioner | | Anaesthetic | |
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| 3104 | Removal orbital prosthesis | 212.7 | 6 274.65 | 170.16 | 5 019.72 | 5 | 689.30 +T |
| 3105 | Exenteration | 275 | 8 112.50 | 220 | 6 490.00 | 5 | 689.30 +T |
| 3107 | Orbitotomy requiring bone flap | 393 | 11 593.50 | 314.4 | 9 274.80 | 5 | 689.30 +T |
| 3108 | Eye socket reconstruction | 206 | 6 077.00 | 164.8 | 4 861.60 | 5 | 689.30 +T |
| 3109 | Hydroxyapetite implantation in eye cavity when evisceration or enucleation was done previously | 300 | 8 850.00 | 240 | 7 080.00 | 5 | 689.30 +T |
| 3110 | Second stage hydroxyapetite implantation | 110 | 3 245.00 | 110 | 3 245.00 | 5 | 689.30 +T |
| 16.9 | **Cornea** | | | | | | |
| 3111 | Contact lenses: Assessment involving preliminary fittings and tolerance | 15 | 442.50 | 10 | 295.00 | | |
| 3113 | Fitting of contact lenses and instructions to patient: Includes eye examination, first fittings of the contact lenses and further post-fitting visits for one year | 200 | 5 900.00 | 160 | 4 720.00 | | |
| 3115 | Fitting of only one cantact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included | 166 | 4 897.00 | 132.8 | 3 917.60 | | |
| 3116 | Astigmatic correction with T cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty | 135.2 | 3 988.40 | 120 | 3 540.00 | 6 | 827.16 +T |
| 3117 | Removal of foreign body: On the basis of fee per consultation | 31.5 | 929.25 | 30 | 885.00 | 4 | 551.44 +T |
| 3118 | Curettage of cornea after removal of foreign body(aftercare excluded) | 10 | 295.00 | 10 | 295.00 | | |
| 3119 | Tattooing | 26 | 767.00 | 26 | 767.00 | 4 | 551.44 +T |
| 3121 | Corneal graft (Lamellar or full thickness) | 289 | 8 525.50 | 231.2 | 6 820.40 | 6 | 827.16 +T |
| 3123 | Insertion of intra-corneal or intrascleral prosthesis for refractive surgery | 470.8 | 13 888.60 | 376.64 | 11 110.88 | 6 | 827.16 +T |
| 3124 | Removal of corneal stitches under microscope (maximum of 2 procedures). For use of sterile tray, add tariff code 0202 | 9 | 255.33 | 9 | 255.33 | 6 | 795.36 +T |
| 3125 | Keratectomy | 127 | 3 746.50 | 120 | 3 540.00 | 6 | 827.16 +T |
| 3127 | Cauterization of Cornea (by chemical, thermal or cryotherapy methods) | 10 | 295.00 | 10 | 295.00 | 4 | 551.44 +T |
| 3130 | Pterygium or conjunctival cyst. No conjunctival flap or graft used | 96.9 | 2 858.55 | 96.9 | 2 858.55 | 4 | 551.44 +T |
| 3131 | Paracentesis | 53 | 1 563.50 | 53 | 1 563.50 | 4 | 551.44 +T |
| 3136 | Conjunctival flap or graft. Not for use with pterigium surgery | 95.7 | 2 823.15 | 95.7 | 2 823.15 | 6 | 827.16 +T |
| 16.10 | **Ducts** | | | | | | |
| 3133 | Probing and/or syringing, per duct | 10 | 295.00 | 10 | 295.00 | 4 | 551.44 +T |
| 3135 | Insert polythene tubes/stent: Unilateral: Additional | 51.8 | 1 528.10 | 51.8 | 1 528.10 | 4 | 551.44 +T |
| 3137 | Excision of lacrimal sac: Unilateral | 132 | 3 894.00 | 120 | 3 540.00 | 4 | 551.44 +T |
| 3139 | Dacryocystorhinostomy (single) with or without polythene tube | 210 | 6 195.00 | 168 | 4 956.00 | 5 | 689.30 +T |
| 3141 | Sealing Punctum surgical/cautery per eye | 24.9 | 734.55 | 24.9 | 734.55 | 4 | 551.44 +T |
| 3142 | Sealing Punctum with plugs. Per eye | 20 | 590.00 | 20 | 590.00 | 4 | 551.44 +T |
| 3143 | Three-snip operation | 10 | 295.00 | 10 | 295.00 | 4 | 551.44 +T |
| 3145 | Repair of canaculus: Primary procedure | 132 | 3 894.00 | 120 | 3 540.00 | 4 | 551.44 +T |
| 3147 | Repair of canaculus: Secondary procedure<br>May not be used with tariff code 3145 | 175 | 5 162.50 | 140 | 4 130.00 | 4 | 551.44 +T |
| 16.11 | **Iris** | | | | | | |
| 3149 | Iridectomy or iridotomy by open operation as isolated procedure | 132 | 3 894.00 | 120 | 3 540.00 | 4 | 551.44 +T |
| 3153 | Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure) | 105 | 3 097.50 | 105 | 3 097.50 | 4 | 551.44 +T |
| 3157 | Division of anterior synechiae as isolated procedure | 132 | 3 894.00 | 120 | 3 540.00 | 4 | 551.44 +T |
| 3158 | Repair iris as in dialysis. Anterior chamber reconstruction | 142.4 | 4 200.80 | 120 | 3 540.00 | 4 | 551.44 +T |
| 16.12 | **Lids** | | | | | | |
| 3161 | Tarsorrhaphy | 47 | 1 386.50 | 47 | 1 386.50 | 4 | 551.44 +T |
| 3165 | Repair of skin laceration of the lid. Simple | 27.3 | 805.35 | 27.3 | 805.35 | 4 | 551.44 +T |
| 3176 | Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material | 187 | 5 516.50 | 149.6 | 4 413.20 | 4 | 551.44 +T |
| 16.12.1 | **Entropion or ectropion by** | | | | | | |
| 3177 | Entropion or ectropion by cautery | 10 | 295.00 | 10 | 295.00 | 4 | 551.44 +T |
| 3179 | Entropion or ectropion by suture | 49.4 | 1 457.30 | 49.4 | 1 457.30 | 4 | 551.44 +T |
| 3181 | Entropion or ectropion by open operation | 111.5 | 3 289.25 | 111.5 | 3 289.25 | 4 | 551.44 +T |
| 3183 | Entropion or ectropion by free skin, mucosal grafting or flap | 122.6 | 3 616.70 | 120 | 3 540.00 | 4 | 551.44 +T |
| 16.12.2 | **Reconstruction of eyelid** | | | | | | |

| | | Specialist | | General Practitioner | | Anaesthetic | |
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| | | U | R | U | R | U | R T |
| 3172 | Blepharoplasty lower eyelid plus fat pad | 125.8 | 3 711.10 | 120 | 3 540.00 | 4 | 551.44 +T |
| 3185 | Staged procedure for partial or total loss of eyelid: First stage | 259 | 7 640.50 | 207.2 | 6 112.40 | 4 | 551.44 +T |
| 3187 | Staged procedure for partial or total loss of eyelid: Subsequent stage | 206 | 6 077.00 | 164.8 | 4 861.60 | 4 | 551.44 +T |
| 3189 | Full thickness eyelid laceration for injury: Direct repair | 136.5 | 4 026.75 | 120 | 3 540.00 | 4 | 551.44 +T |
| 3191 | Blepharoplasty: Upper lid for improvement in function (unilateral) | 150.2 | 4 430.90 | 120.16 | 3 544.72 | 4 | 551.44 +T |
| 16.12.3 | **Ptosis** | | | | | | |
| 3193 | Repair by superior rectus, levator or frontalis muscle operation Motivation letter with pictures required | 190 | 5 605.00 | 152 | 4 484.00 | 4 | 551.44 +T |
| 3195 | Ptosis: By lesser procedure, e.g. sling operation: Unilateral | 137.6 | 4 059.20 | 120 | 3 540.00 | 4 | 551.44 +T |
| 3197 | Ptosis: By lesser procedure, e.g. sling operation: Bilateral May not be used with tariff code 3195 | 166 | 4 897.00 | 132.8 | 3 917.60 | 4 | 551.44 +T |
| 16.13 | **Conjunctiva** | | | | | | |
| 3199 | Repair of conjuctiva by grafting | 132 | 3 894.00 | 120 | 3 540.00 | 4 | 551.44 +T |
| 3200 | Repair of lacerated conjunctiva | 47 | 1 386.50 | 47 | 1 386.50 | 4 | 551.44 +T |
| 16.14 | **General** | | | | | | |
| 3196 | Diamond knife: Use of own diamond knife during intraocular surgery | 12 | 354.00 | | | | |
| 3198 | Eximer laser: Hire fee | 284.13 | 8 381.84 | | | | |
| 3201 | Laser apparatus (ophthalmic): hire fee for one or both eyes treated in one sitting (not to be used with IOL master) | 109 | 3 215.50 | | | | |
| 3202 | PHAKO emulcification apparatus (hire fee) | 109 | 3 215.50 | | | | |
| 3203 | Vitrectomy apparatus (hire fee) | 120 | 3 540.00 | | | | |
| 5930 | Surgical laser apparatus: Hire of own equipment | 109 | 3 092.33 | | | | |
| 17. | **EAR** | | | | | | |
| 17.1 | **External Ear (Pinna)** | | | | | | |
| 3267 | Partial or total reconstruction for traumatic absence of external ear: Unilateral | 138 | 4 071.00 | 120 | 3 540.00 | 5 | 689.30 +T |
| 3269 | Partial or total reconstruction for traumatic absence of external ear: Bilateral | 242 | 7 139.00 | 193.6 | 5 711.20 | 5 | 689.30 +T |
| 5170 | Drainage: Haematoma or abscess of external ear | 34.8 | 1 026.60 | 34.8 | 1 026.60 | 5 | 689.30 +T |
| 5171 | Drainage: Abscess of external auditory canal | 21 | 619.50 | 21 | 619.50 | 5 | 689.30 +T |
| 17.2 | **External ear canal** | | | | | | |
| 3204 | Removal of foreign body at rooms with the use of a microscope (excludes loupe) - not to be used combined with tariff code 3206 | 21.58 | 636.61 | | | | |
| 3205 | External ear canal: Removal of foreign body: Under general anaesthetic | 21 | 619.50 | 21 | 619.50 | 4 | 551.44 +T |
| 3215 | Meatus atresia: Repair of stenosis of cartileginous portion | 164 | 4 838.00 | 131.2 | 3 870.40 | 4 | 551.44 +T |
| 3219 | Meatus atresia: Removal of osteoma from meatus: Solitary | 77 | 2 271.50 | 77 | 2 271.50 | 4 | 551.44 +T |
| 3220 | Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with tariff code 3206 | 23.14 | 682.63 | 23.14 | 682.63 | | |
| 3221 | Removal of osteoma from meatus: Multiple | 215 | 6 342.50 | 172 | 5 074.00 | 4 | 551.44 +T |
| 17.3 | **Middle ear** | | | | | | |
| 3209 | Bilateral myringotomy | 46 | 1 357.00 | 46 | 1 357.00 | 4 | 551.44 +T |
| 3211 | Unilateral myringotomy with insertion ventrilation tube | 38 | 1 121.00 | 38 | 1 121.00 | 4 | 551.44 +T |
| 3212 | Bilateral myringotomy with insertion ventrilation tube | 57 | 1 681.50 | 57 | 1 681.50 | 4 | 551.44 +T |
| 3214 | Reconstruction of middle ear ossicles (ossiculoplasty) | 255 | 7 522.50 | 204 | 6 018.00 | 5 | 689.30 +T |
| 3237 | Explaratory tympanotomy | 158.9 | 4 687.55 | 127.12 | 3 750.04 | 5 | 689.30 +T |
| 3243 | Myringoplasty | 138 | 4 071.00 | 120 | 3 540.00 | 5 | 689.30 +T |
| 3245 | Functional reconstruction of tympanic membrane | 277 | 8 171.50 | 221.6 | 6 537.20 | 5 | 689.30 +T |
| 3264 | Tympanomastoidectomy | 375 | 11 062.50 | 300 | 8 850.00 | 5 | 689.30 +T |
| 3265 | Reconstruction of posterior canal wall, following radical mastoidectomy | 320 | 9 440.00 | 256 | 7 552.00 | 5 | 689.30 +T |
| 17.4 | **Facial nerve** | | | | | | |
| 17.4.1 | **Facial nerve tests** | | | | | | |
| 3223 | Percutaneous stimulation of the facial nerve | 9 | 265.50 | 9 | 265.50 | 4 | 551.44 +T |
| 3224 | Electroneurography (ENOG) | 75 | 2 212.50 | 75 | 2 212.50 | 4 | 551.44 +T |

| | | | Specialist | | General Practitioner | | Anaesthetic | |
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| 17.4.2 | **Facial nerve surgery** | | | | | | | |
| 3227 | Exploration of facial nerve: Exploration of tympano mastoid segment | | *297* | **8 761.50** | *237.6* | **7 009.20** | *5* | **689.30 +T** |
| 3228 | Exploration of facial nerve: Grafting of the tympano mastoid segment (including tariff code 3227) | | *436* | **12 862.00** | *348.8* | **10 289.60** | *5* | **689.30 +T** |
| 3230 | Exploration of facial nerve: Extratemporal grafting of the facial nerve | | *436* | **12 862.00** | *348.8* | **10 289.60** | *5* | **689.30 +T** |
| 3232 | Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis | | *124* | **3 658.00** | *120* | **3 540.00** | *6* | **827.16 +T** |
| 17.5 | **Inner ear** | | | | | | | |
| 17.5.1 | **Audiometry** | | | | | | | |
| 3273 | Pure tone audiometry (air conduction) | | *6.5* | **191.75** | *6.5* | **191.75** | | |
| 3274 | Pure tone audiometry (bone conduction with masking) | | *6.5* | **191.75** | *6.5* | **191.75** | | |
| 3275 | Impedance audiometry (tympanometry) | | *6.5* | **191.75** | *6.5* | **191.75** | | |
| 3276 | Impedance audiometry (stapedial reflex) - no code for volume, compliance etc. | | *6.5* | **191.75** | *6.5* | **191.75** | | |
| 3277 | Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score | | *10* | **295.00** | *10* | **295.00** | | |
| 17.5.2 | **Inner ear: Balance tests** | | | | | | | |
| 3260 | Computerized static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems | | *71.48* | **2 108.66** | *71.48* | **2 108.66** | | |
| 3251 | Minimal caloric test (excluding consultation fee) | | *10* | **295.00** | *10* | **295.00** | | |
| 3256 | Video nystagmoscopy (binocular) | | *50* | **1 475.00** | *50* | **1 475.00** | | |
| 3258 | Otolith repositioning manoeuvre | | *14* | **413.00** | *14* | **413.00** | *4* | **551.44 +T** |
| 2691 | Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral | | *50.00* | **1 475.00** | | | | |
| 2692 | Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral<br>May not be used with tariff code 2691 | | *88.00* | **2 596.00** | | | | |
| 2693 | AEP: Audiological examination: Unilateral at a minimum of 4 decibels | | *60.00* | **1 770.00** | | | | |
| 2694 | AEP: Audiological examination: Bilateral at a minimum of 4 decibels<br>May not be used with tariff code 2693 | | *105.00* | **3 097.50** | | | | |
| 2695 | Audiology 40Hz response: Unilateral | | *30.00* | **885.00** | | | | |
| 2696 | Audiology 40Hz response: Bilateral | | *53.00* | **1 563.50** | | | | |
| 2697 | Mid- and long latency auditory evoked potentials: Unilateral | | *30.00* | **885.00** | | | | |
| 2698 | Mid- and long latency auditory evoked potentials: Bilateral | | *53.00* | **1 563.50** | | | | |
| 2702 | Total code for audiological evaluation including bilateral AEP and bilateral electro-cochleography | | *140.00* | **4 130.00** | | | *4* | **551.40 +T** |
| 3273 | Pure tone audiometry (air conduction) | | *6.50* | **191.75** | 6.5 | **191.75** | | |

| | | | Specialist | | General Practitioner | | Anaesthetic | | |
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| 17.6 | **Microsurgery of the skull base**<br>**Note:** Skull base surgery, used for the management of lesions, often requires the skills of medical doctors of different disciplines working together during the operation. The procedures are categorised in three parts: 1. The approach in order to expose the area in which the lesion is situated. 2. The definitive procedure which involves the repair, biopsy, resection or excision of the lesion. It also involves the primary closure of the dura, mucous membranes and skin. 3. Repair/reconstruction procedure: Is coded separately if extensive dural grafting cranioplasty, local or regional myocutaneous pedical flaps, or extensive skin grafts are performed.<br>Note codes for repair and closure with local, pedicled or free flaps and grafts can be found in the relevant sections of the coding structure | | | | | | | | |
| 17.6.1 | **Middle fossa approach (i.e. transtemporal or supralabyrinthine)** | | | | | | | | |
| 3229 | Facial nerve: Exploration of the labyrinthine segment | | *420* | 12 390.00 | *336* | 9 912.00 | *5* | 689.30 | +T |
| 5221 | Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included) | | *510* | 15 045.00 | *408* | 12 036.00 | *11* | 1516.46 | +T |
| 5222 | Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included) | | *620* | 18 290.00 | *496* | 14 632.00 | *11* | 1516.46 | +T |
| 17.6.2 | **Subtotal petrosectomy** | | | | | | | | |
| 5247 | Subtotal petrosectomy for CSF leak and/or for total obliteration of the mestoid cavity | | *480* | 14 160.00 | *384* | 11 328.00 | *11* | 1516.46 | +T |

| | | | Confined to specialist in Physical Medicine | | Other Specialists and General Practitioner | | Anaesthetic | | |
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| 18. | **PHYSICAL TREATMENT** | | | | | | | | |
| 3279 | Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient) | + | *0.75* | 22.13 | | | | | |
| 3280 | Consultation units for specialists in physical medicine when treatment is given (per treatment) | | *13.5* | 398.25 | | | | | |
| 3281 | Ultrasonic therapy | | *10* | 295.00 | | | | | |
| 3282 | Shortwave diathermy | | *10* | 295.00 | | | | | |
| 3284 | Sensory nerve conduction studies | | *31* | 914.50 | | | | | |
| 3285 | Motor nerve conduction studies | | *26* | 767.00 | | | | | |
| 3287 | Spinal joint and ligament injection | | *20* | 590.00 | *20* | 590.00 | | | |
| 3288 | Epidural injection | | *36* | 1 062.00 | | | | | |
| 3289 | Multiple injections - First joint | | *7.5* | 221.25 | | | | | |
| 3290 | Each additional joint | | *4.5* | 132.75 | | | | | |
| 3291 | Tendon or ligament injection | | *9* | 265.50 | | | | | |
| 3292 | Aspiration of joint or interarticular injection | | *9* | 265.50 | | | | | |
| 3293 | Aspiration or injection of bursa or ganglion | | *9* | 265.50 | | | | | |
| 3294 | Paracervical (neck) nerve block | | *20* | 590.00 | 20 | 590.00 | | | |
| 3295 | Paravertebral root block - unilateral | | *20* | 590.00 | | - | | | |
| 3296 | Paravertebral root block - bilateral | | *30* | 885.00 | | | | | |
| 3297 | Manipulation of spine performed by a specialist in Physical Medicine | | *14* | 413.00 | | | | | |
| 3298 | Spinal traction | | *6* | 177.00 | | | | | |

| | | | Specialist | | General Practitioner | | Anaesthetic | | |
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| | | | U | R | U | R | U | R | T |
| 3299 | Manipulation large joint under general anaesthetic (not subject to rule G) (Modifier 0005 not applicable) | | 14 | 413.00 | 14 | 413.00 | 4<br>3 | 551.44<br>413.58 | Hip+T<br>Knee / Shoulder + T |
| 3300 | Manipulation of large joints without anaesthetic | | * | | * | * | | | |
| 3301 | Muscle fatigue studies | | 20 | 590.00 | | | | | |
| 3302 | Strength duration curve per session | | 10.5 | 309.75 | | | | | |
| 3303 | Electromyography | | 75 | 2 127.75 | | | | | |
| 3304 | All other physical treatments carried out: Complete physical treatment: Specify treatment (for subsequent treatments by a general practitioner, for the same condition within 4 months after intial treatment: A fee for the treatment only is applicable: See rules L and M) | | 10 | 295.00 | 10 | 295.00 | | | |

| | | | Specialist Radiologist | | Other Specialists and General Practitioner | | Anaesthetic | |
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| **19.** | **RADIOLOGY**<br>The amounts in this section are calculated according to the **Radiology** unit values (unless otherwise specified) | | | | | | | |
| **19.1** | **Skeleton** | | | | | | | |
| **19.1.1** | **Limbs** | | | | | | | |
| **3305** | Finger, toe | | | | *6.3* | **194.42** | | |
| **6500** | Hand | | | | *7.7* | **237.62** | | |
| **6501** | Wrist (specify region) | | | | *7.7* | **237.62** | | |
| **6503** | Scaphoid | | | | *7.7* | **237.62** | | |
| **6504** | Radius and Ulna | | | | *7.7* | **237.62** | | |
| **6505** | Elbow | | | | *7.7* | **237.62** | | |
| **6506** | Humerus | | | | *7.7* | **237.62** | | |
| **6507** | Shoulder | | | | *7.7* | **237.62** | | |
| **6508** | Acromio-Clavicula joint | | | | *7.7* | **237.62** | | |
| **6509** | Clavicle | | | | *7.7* | **237.62** | | |
| **6510** | Scapula | | | | *7.7* | **237.62** | | |
| **6511** | Foot | | | | *7.7* | **237.62** | | |
| **6512** | Ankle | | | | *7.7* | **237.62** | | |
| **6513** | Calcaneus | | | | *7.7* | **237.62** | | |
| **6514** | Tibia and fibula | | | | *7.7* | **237.62** | | |
| **6515** | Knee | | | | *7.7* | **237.62** | | |
| **6516** | Patella | | | | *7.7* | **237.62** | | |
| **6517** | Femur | | | | *7.7* | **237.62** | | |
| **6518** | Hip | | | | *7.7* | **237.62** | | |
| **6519** | Sesamoid Bone | | | | *7.7* | **237.62** | | |
| **3309** | Smith-Petersen or equivalent controle, in theatre | | | | *38.7* | **1 194.28** | | |
| **3311** | Stress studies, e.g. joint | | | | *7.7* | **237.62** | | |
| **3313** | Full length study, both legs | | | | *15.5* | **478.33** | | |
| **3317** | Skeletal survey | | | | *28* | **864.08** | | |
| **3319** | Arthrography per joint | | | | *15.4* | **475.24** | | |
| **3320** | Introduction of contrast medium or air: Add | + | | | *13.8* | **425.87** | | |
| **19.1.2** | **Spinal column** | | | | | | | |
| **3321** | Per region, cervical, sacral, coccygeal, one region thoracic | | | | *11* | **339.46** | | |
| **3325** | Stress studies | | | | *11* | **339.46** | | |
| **3331** | Pelvis (Sacro-iliac or hip joints to be added where an extra set of views is required) | | | | *11* | **339.46** | | |
| **3333** | Myelography: Lumbar | | | | *28.9* | **891.85** | 4 | 551.44 +T |
| **3334** | Myelography: Thoracic | | | | *22.2* | **685.09** | 4 | 551.44 +T |
| **3335** | Myelography: Cervical | | | | *35.5* | **1 095.53** | 4 | 551.44 +T |
| **3336** | Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium) | | | | | | 4 | 551.44 +T |
| **3344** | Introduction of contrast medium | + | | | *18.7* | **577.08** | | |
| **3345** | Discography | | | | *34.6* | **1 067.76** | 4 | 551.44 +T |
| **3347** | Introduction of contrast medium per disc level: Add | + | | | *28.2* | **870.25** | | - |
| **19.1.3** | **Skull** | | | | | | | |
| **3349** | Skull studies | | | | *15.7* | **484.50** | | |
| **3351** | Paranasal sinuses | | | | *11* | **339.46** | | |
| **3353** | Facial bones and/or orbits | | | | *12.6* | **388.84** | | |
| **3355** | Mandible | | | | *9.4* | **290.08** | | |
| **3357** | Nasal bone | | | | *7.8* | **240.71** | | |
| **3359** | Mastoid: Bilateral | | | | *18* | **555.48** | | |
| **3361** | Teeth: One quadrant | | | | *3.7* | **114.18** | | |
| **3363** | Teeth: Two quadrants | | | | *6.3* | **194.42** | | |
| **3365** | Teeth: Full mouth | | | | *11* | **339.46** | | |
| **3366** | Teeth: Rotation tomography of the teeth and jaws | | | | *13.3* | **410.44** | | |
| **3367** | Teeth:Temporo-mandibular joints: Per side | | | | *11* | **339.46** | | |
| **3369** | Teeth:Tomography: Per side | | | | *11* | **339.46** | | |
| **3371** | Localisation of foreign body in the eye | | | | *15.7* | **484.50** | | |

| | | | Specialist Radiologist | | Other Specialists and General Practitioner | | Anaesthetic | |
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| 3381 | Ventriculography | | | | 27.3 | 842.48 | 4 | 551.44 +T |
| 3385 | Post-nasal studies: Lateral neck | | | | 6.3 | 194.42 | | |
| 3391 | For introduction of contrast medium add | + | | | 11 | 339.46 | | |
| 19.2 | **Alimentary tract** | | | | | | | |
| 3397 | Introduction of contrast medium (plus 80% for each additional gland - add) | + | | | 11 | 339.46 | | |
| 3399 | Pharynx and oesophagus | | | | 12.7 | 391.92 | | |
| 3403 | Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through | | | | 20 | 617.20 | | |
| 3405 | Double contrast: Add | + | | | 7.3 | 225.28 | | |
| 3406 | Small bowel meal (control film of abdomen included except when part of item 3408) | | | | 20 | 617.20 | | |
| 3408 | Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon) | | | | 28.9 | 891.85 | | |
| 3409 | Barium enema (control film of abdomen included) | | | | 18.3 | 564.74 | | |
| 3411 | Air contrast study (add) | + | | | 19.3 | 595.60 | | |
| | **Note**: For items 3415 and 3416: Endoscopy (See item 1778) ● | | | | | | | |
| 3417 | Gastric/oesophageal/duodenal intubation control | | | | 5.9 | 182.07 | | |
| 3419 | Gastric/oesophageal intubation insertion of tube (add) | + | | | 5.6 | 172.82 | | |
| 3421 | Duodenal intubation: Insertion of tube (add) | + | | | 11 | 339.46 | | |
| 3423 | Hypotonic duodenography (3403 and 3405 included) (add) | + | | | 29.3 | 904.20 | | |
| 19.4 | **Chest** | | | | | | | |
| 3443 | Larynx (Tomography included) | | | | 12.5 | 385.75 | | |
| 3445 | Chest (item 3601 included) | | | | 9.4 | 290.08 | | |
| 3449 | Ribs | | | | 12.3 | 379.58 | | |
| 3451 | Sternum or sternoclavicular joints | | | | 12.6 | 388.84 | | |
| 3453 | Bronchography: Unilateral | | | | 12.6 | 388.84 | 8 | 1102.88 +T |
| 3455 | Bronchography: Bilateral | | | | 22.1 | 682.01 | 8 | 1102.88 +T |
| 3457 | Introduction of contrast medium included | | | | 35.7 | 1 101.70 | | |
| 3461 | Pleurography | | | | 12.6 | 388.84 | 3 | 413.58 +T |
| 3463 | For introduction of contrast medium: Add | + | | | 2.8 | 86.41 | | |
| 3465 | Laryngography | | | | 11 | 339.46 | | |
| 3467 | For introduction of contrast medium: Add | + | | | 10 | 308.60 | | |
| 3468 | Thoracic Inlet | | | | 6.3 | 194.42 | | |
| 19.6 | **Abdomen** | | | | | | | |
| 3477 | Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.) | | | | 9.4 | 290.08 | | |
| 3479 | Acute abdomen or equivalent studies | | | | 15.7 | 484.50 | | |
| 19.6 | **Urinary tract** | | | | | | | |
| 3487 | Excretonary urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable) | | | | 25.1 | 774.59 | | |
| 3493 | Waterload test: Add | + | | | 12.2 | 376.49 | | |
| 3497 | Cystography only or urethrography only (retrograde) | | | | 19.3 | 595.60 | | |
| 3499 | Cysto-urethrography: Retrograde | | | | 31.9 | 984.43 | | |
| 3503 | Cysto-urethrography: Introduction of contrast medium: Add | + | | | 3.7 | 114.18 | | |
| 3505 | Retrograde-prograde pyelography | | | | 18.3 | 564.74 | 3 | 413.58 +T |
| 3513 | Tomography of renal tract: Add | + | | | 9.4 | 290.08 | | |
| 19.8.1 | **Vascular Studies** | | | | | | | |
| 3545 | Venography: Per limb | | | | 16.5 | 509.19 | | |
| 3557 | Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram | | | | 48.6 | 1 499.80 | 4 | 551.44 +T |
| 3558 | Translumbar aortic puncture, with full study | | | | 69.6 | 2 147.86 | 5 | 689.30 +T |

| | | | Specialist Radiologist | | Other Specialists and General Practitioner | | Anaesthetic | |
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| | | | U | R | U | R | U | R T |
| 3559 | Selective first order catheterisation, arterial or venous, with angiogram/venogram | | | | *57* | **1 759.02** | 4 | 551.44 +T |
| 3560 | Selective second order catheterisation, arterial or venous, with angiogram/venogram | | | | *65.4* | **2 018.24** | 4 | 551.44 +T |
| 3562 | Selective third order catheterisation, arterial or venous, with angiogram/venogram | | | | *73.2* | **2 258.95** | 4 | 551.44 +T |
| 3570 | Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement) | | | | *130.8* | **4 036.49** | 5 | 689.30 +T |
| 3574 | Spinal angiogram (global fee) including all selective catheterisations | | | | *480* | **14 812.80** | 5 | 689.30 +T |
| **19.8.2** | **Introduction of contrast medium** | | | | | | | |
| | **Section 19.8.2 has been discontinued.** | | | | | | | |
| **19.10** | **Radiology: Miscellaneous** | | | | | | | |
| 3600 | Peripheral bone densitometry utilizing ionizing radiation. to be charged once only for one or more levels done at the same session)<br>Motivation letter required | | | | *13* | **401.18** | | |
| 3601 | Fluoroscopy: Per half hour: ADD (not applicable for items 3445) | | | | *7.7* | **237.62** | | |
| 3602 | Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD | | | | *10.7* | **330.20** | | |
| 3603 | Sinography | | | | *18.4* | **567.82** | | |
| 3604 | Bone densitometry (to be charged once only for one or more levels done at the same session)<br>Motivation letter required | | | | *77* | **2 376.22** | | |
| 3607 | Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in X-ray department (except item 3309): Per half hour: Plus fee or examination performed (Only to be used by radiological technical staff) | | | | *5.6* | **172.82** | | |
| 3609 | Foreign body localisation: Fee for part examined plus two-thirds for every additional series and add fluoroscopy fee if this is done | | | | | | | |
| 3611 | Foreign body localisation: Introduction of sterile needle markers: ADD | | | | *11* | **339.46** | | |
| 3613 | Setting of sterile trays | | | | *3.3* | **101.84** | | |
| 5034 | Fine needle aspiration or biopsy | | *25* | **771.50** | *25* | **771.50** | | |

| | | | Specialist Radiologist | | Other Specialists and General Practitioner | | Anaesthetic | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | U | R | U | R | U | R | T |
| | | | Specialist | | Other Specialists and General Practitioner | | Anaesthetic | | |
| | | | U | R | U | R | U | R | T |
| 19.11 | **Ultrasonic investigations**<br>The amounts in this section are calculated according to the **Ultrasound** unit values (unless otherwise specified) | | | | | | | | |
| 3612 | Ultrasonic bone densitometry<br>Motivation letter required | | | | *19* | **553.85** | | | |
| 3596 | Intravascular ultrasound per case, arterial or venous, for intervention | | | | *30* | **874.50** | | | |
| 3627 | Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs) | | | | *60* | **1 749.00** | | | |
| 5101 | Pleural space ultrasound | | | | *50* | **1 401.50** | | | |
| 5102 | Ultrasound of joints (eg shoulder hip knee), per joint | | | | *50* | **1 457.50** | | | |
| 5103 | Ultrasound soft tissue, any region | | | | *50* | **1 457.50** | | | |
| 3628 | Renal tract | | | | *50* | **1 457.50** | | | |
| 3631 | Ophthalmic examination | | | | *50* | **1 457.50** | | | |
| 3632 | Axial length measurement and calculation of intra-ocular lens power. Per eye. Not to be used with item 3034 | | | | *50* | **1 457.50** | | | |
| 3634 | Peripheral vascular study, B mode only | | | | *39* | **1 136.85** | | | |
| 3636 | Trans-oesophageal echocardiography including passing the device | | | | *100* | **2 803.00** | | | |
| 5110 | Carotid ultrasound vascular study; B mode, pulsed and colour doppler; bilateral study, internal, external and common carotid flow and anatomy | | | | *120* | **3 498.00** | | | |
| 5111 | Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree; carotids, vertebral and subclavian vessels (not to be used together with items 5110, 5112, 5113, 5114) | | | | *164,8* | **#VALUE!** | | | |
| 5112 | Peripheral arterial ultrasound vascular study; B mode, pulsed and colour doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results | | | | *117* | **3 410.55** | | | |
| 5113 | Peripheral venous ultrasound vascular study; B mode, pulsed and colour doppler; to evaluate deep vein thrombosis | | | | *117* | **3 410.55** | | | |
| 5114 | Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler in erect and supine position including compression manoeuvres and reflux in superficial and deep systems, bilaterally | | | | *142.4* | **4 150.96** | | | |
| 5115 | Intra-operative ultrasound study | | | | *50* | **1 401.50** | 3 | 413.58 | |
| 3635 | Plus (+) Doppler | | | | *39* | **1 136.85** | | | |
| 3637 | Plus (+) Colour Doppler (may be added onto any other regional exam, but not to be added to items 5110, 5111, 5112, 5113 or 5114) | | | | *78* | **2 273.70** | | | |
| | | | Specialist Radiologist | | Other Specialists and General Practitioner | | Anaesthetic | | |
| | | | U | R | U | R | U | R | T |
| 19.12 | **Portable unit examinations** | | | | | | | | |
| 3639 | Where X-ray unit is kept and used in the hospital: Add | + | | | *7* | **216.02** | | | |
| 3640 | Theatre investigations (with fixed installation): Add | + | | | *3* | **92.58** | | | |
| 3641 | Tracer test | | | | *22.1* | **682.01** | | | |
| 3642 | Repeat of further tracer tests for same investigation: half of tracer test (item 3641) fee | | | | *11.1* | **342.55** | | | |

| | | | Specialist Radiologist | | Other Specialists and General Practitioner | | Anaesthetic | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | U | R | U | R | U | R | T |
| 3643 | If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee | | | | | | | | |
| 3645 | Other organ scanning with use of relevant radio isotopes | | | | *54.8* | **1 691.13** | | | |
| 3646 | Thyroid scanning<br>Motivation letter required | | | | *19.2* | **569.66** | | | |

| | | | Specialist Radiologist | | Other Specialists and General Practitioner | | Anaesthetic | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | U | R | U | R | U | R | T |
| | | | Specialist Radiologist with own facility | | Non-radiologist or specialist radiologist without own facility (calculate at 60% of the fee) | | Anaesthetic | | |
| | | | U | R | U | R | U | R | T |
| **19.14** | **Interventional radiological procedures** | | | | | | | | |
| **5016** | Aspiration thrombectomy (per vessel) | | | | *131.4* | **4 055.00** | | | |
| **5018** | On-table thrombolysis/transcatheter infusion performed in | | | | *106.8* | **3 295.85** | 5 | 689.30 | +T |
| **5030** | Percutaneous nephrostomy for further procedure or drainage | | | | *73.8* | **2 189.65** | | | |
| **5033** | Percutaneous cystostomy in radiology suite | | | | *30* | **925.80** | | | |
| **5036** | Percutaneous Abdominal / pelvic / other drain insertion, any modality | | | | *34.2* | **1 055.41** | | | |
| **5039** | Intracranial thrombolysis (on-table) per session | | | | *139.2* | **4 130.06** | | | |
| **5041** | Balloon occlusion/Wada test<br>Motivation letter required | | | | *106.8* | **3 295.85** | 9 | 1240.74 | +T |
| **5072** | Tunnelled/Subcutaneous arteria/venous line performed in radiology suite | | | | *82.2* | **2 536.69** | 5 | 689.30 | +T |
| **5074** | IVC filter insertion jugular or femoral route | | | | *156* | **4 814.16** | 9 | 1240.74 | +T |
| **5076** | Intravascular foreign body removal, arterial or venous, any route | | | | *204.6* | **6 313.96** | 9 | 1240.74 | +T |
| **5088** | Oesophageal stent insertion in radiology suite | | | | *102.6* | **3 166.24** | 6 | 827.16 | +T |
| **5090** | Trachial stent insertion | | | | *102.6* | **3 166.24** | 6 | 827.16 | +T |
| **5091** | GIT Balloon dilatation under fluoroscopy | | | | *66.6* | **2 055.28** | 6 | 827.16 | +T |
| **5092** | Other GIT stent insertion | | | | *102.6* | **3 166.24** | 6 | 827.16 | +T |
| **5093** | Percutaneous gastrostomy in radiology suite | | | | *85.8* | **2 647.79** | | | |
| **5095** | Chest drain insertion in radiology suite | | | | *32.4* | **999.86** | | | |

This schedule must be used in conjunction with the Radiological Society of S A Guidelines. Please refer to the PET guidelines in Annexure D.

This schedule is for the exclusive use of registered specialist radiology practices (Pr No \"038\") and nuclear medicine practices (Pr No \"025\"). "025" practices may only charge the codes with a 3rd digit of 9. "038" practices may charge all codes except codes with a 3rd digit of 9. Practitioners registered as both radiologists and nuclear physicians may charge all codes. Neurosurgeons accredited by the RSSA may charge for the neuro-interventional studies at 100% of the published radiology rate subject to preauthorisation and this excludes equipment fees or any other claims for the same event.

**Code Structure Framework**

a. The tariff code consists of 5 digits

i.1st digit indicates the main anatomical region or procedural category.

•0 = General (non specific)
•1 = Head
•2 = Neck
•3 = Thorax
•4 = Abdomen and Pelvis (soft tissue)
•5 = Spine, Pelvis and Hips
•6 = Upper limbs
•7 = Lower limbs
•8 = Interventional
•9 = Soft tissue regions (nuclear medicine)
•eg "Head" = 1xxxx

ii.2nd digit indicates the sub region within a main region or category eg.

•"Head / Skull and Brain" = 10xxx

iii.3rd digit indicates modality

•1 = General (Black and White) x-rays
•2 = Ultrasound
•3 = Computed Tomography
•4 = Magnetic Resonance Imaging
•5 = Angiography
•6 = Interventional radiology
•9 = Nuclear Medicine (Isotopes)

eg:
"Head / Skull and Brain / General x-ray" = 101xx

iv.4th and 5th digits are specific to a procedure / examination, eg
"Head / Skull and Brain / General / X-ray of the skull" = 10100.

**Guidelines for use of coding structure**

•The vast majority of the codes describe complete procedures / examination and their use for the appropriate studies is self-explanatory.
•Some codes may have multiple applications and their use is described in notes associated with each code
•Codes 00510 to 00560 (Angiography machine codes) may only be used by owners of the equipment and who have registered such equipment with the Board of Healthcare Funders / RSSA.
•The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be added to 60540, 60550, 70530, 70535 (Antegrade Venography, upper and lower limbs)
•Where public sector hospital equipment is used for a procedure, the units will be reduced by 33.33%.

**Consumables**

•Contrast Medium
oPrior to the implementation of Act 90, contrast will be billed according to the official 2004 RSSA reimbursement price list, without mark up.
oAfter the implementation of Act 90, contrast medium will be billed according to the suppliers' list price, without mark up.
•Angiography catheters, angioplasty balloons, stents, coils and other embolisation materials, guide wires and drains are to be billed at net acquisition cost, without mark up, until the implementation of Act 90.
•All other consumables are to be billed at net acquisition price, until the implementation of Act 90. Thereafter Act 90 regulations apply.
•The cost of film is included in the comprehensive procedure codes and is not billed for separately.
•Appropriate tariff codes must be provided for consumables.

| | |
|---|---|
| | **ANNEXURE D. PET GUIDELINES** |
| | **INDICATIONS** |
| | For the purposes of this guideline, only established indications for PET-CT are included and this relates to the more common types of malignancies as seen in practice. While some of the less common forms of cancer may also yield advantages with PET-CT imaging, there is as yet insufficient published data to support the general use and these have been excluded in the list below. This situation may change as new research and information becomes available. |
| | 1. Non-small cell lung carcinoma (NSCC)<br>a) Primary diagnosis of lesions<br>I. >10mm diameter lesions where conventional imaging and biopsy have been inconclusive.<br>b) Staging especially where curative surgery is planned<br>i. Evaluation of primary tumour (T-stage).<br>ii. Suspected nodal disease or characterization of nodal disease<br>iii. Suspected distal metastases of determining extent of metastases.<br>iv. Solitary distal metastasis where metastatectomy is considered. PET-CT is used to exclude additional lesions which would preclude surgery.<br>c) Investigation of suspected recurrence (restaging)<br>i. Local or regional recurrence<br>ii. Nodal or distal recurrence<br>iii. Determine the extent of proven recurrent disease<br>iv. Differentiate fibrotic mass from active disease<br>d) All patients with proven carcinoma of the lung, who are considered for curative resection, should be imaged with PET-CT prior to surgery.<br>e) Current available literature confirms that PET-CT is more accurate than CT or PET alone for staging and restaging of NSCC. |
| | **General Codes** |
| | **Modifiers** |
| 00091 | Radiology and nuclear medicine services rendered to hospital inpatients |
| 00092 | Radiology and nuclear medicine services rendered to outpatients |
| 00093 | A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment it used |
| | **Equipment / Diagnostic** |
| 00090 | Consumables used in radiology procedures: cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above). |
| | Appropriate tariff code to be provided. See separate tariff codes for contrast and isotopes |
| 00110 | X-ray skeletal survey under five years<br>6.26 |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
|---|---|---|---|---|---|---|---|
| | | | | U | R | U | R |
| 00115 | X-ray skeletal survey over five years | | | | - | 10.40 | 2 092.79 |
| 00120 | X-ray sinogram any region | | | | - | 10.89 | 2 191.39 |
| 00130 | X-ray with mobile unit in other facility | | | | - | 1.90 | 382.34 |
| | To be added to applicable procedure codes eg 30100. | | | | - | | |
| 00135 | X-ray control view in theatre any region | | | | - | 5.26 | 1 058.47 |
| 00140 | X-ray fluoroscopy any region | | | - | - | 2.26 | 454.78 |
| | May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to:<br>• any angiography, venography, lymphangiography or interventional codes.<br>• any contrasted fluoroscopy examination. | | | - | - | | |
| 00145 | X-ray fluoroscopy guidance for biopsy, any region | | | - | - | 5.30 | 1 066.52 |
| | Add to the procedure eg. 80600, 80605, 80610. | | | - | - | | |
| 00150 | X-ray C-Arm (equipment fee only, not procedure) per half hour | | | - | - | 2.42 | 486.98 |
| | Only to be used if equipment is owned by the radiologist. | | | - | - | | |
| 00155 | X-ray C-arm fluoroscopy in theatre per half hour (procedure only) | | | - | - | 2.30 | 462.83 |
| 00160 | X-ray fixed theatre installation (equipment fee only) | | | - | - | 2.26 | 454.78 |
| | Only to be used if equipment is owned by the radiologist. | | | - | - | | |
| 00190 | X-ray examination contrast material | | | - | - | | |
| | Identification code for the use of contrast with a procedure. Appropriate codes to be supplied. | | | - | - | | |
| 00210 | Ultrasound with mobile unit in other facility | | | - | - | 1.84 | 370.26 |
| | Add to the relevant ultrasound examination codes eg 10200. | | | - | - | | |
| 00220 | Ultrasound intra-operative study | | | - | - | 7.32 | 1 473.00 |
| | Covers all regions studied. Single code per operative procedure. | | | - | - | | |
| 00230 | Ultrasound guidance | | | - | - | 12.10 | 2 434.88 |
| | guidance. Guided procedure code to be added eg. 80600, 80605, 80610. | | | - | - | | |
| 00240 | Ultrasound guidance for tissue ablation | | | - | - | 11.24 | 2 261.83 |
| | Comprehensive ultrasound code including regional study and guidance. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. Guided procedure code to be added if performed by a radiologist. 80620 or 80630. | | | - | - | | |
| 00250 | Ultrasound limited Doppler study any region | | | - | - | 6.50 | 1 308.00 |
| | Stand alone code may not be added to any other code. | | | - | - | | |
| 00290 | Ultrasound examination contrast material<br>Identification code for the use of contrast with a procedure. Appropriate codes to be supplied. | | | - | - | | |
| 00310 | CT planning study for radiotherapy | | | - | - | 21.37 | 4 300.29 |
| 00320 | CT guidance (separate procedure) | | | - | - | 16.92 | 3 404.81 |
| | Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610. | | | - | - | | |
| 00330 | CT guidance, with diagnostic procedure<br>To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610. | | | - | - | 8.46 | 1 702.41 |
| 00340 | CT guidance and monitoring for tissue ablation | | | - | - | 21.15 | 4 256.01 |
| | May only be used once per procedure for a region. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. If performed by radiologist, add procedural code 80620, or 80630. | | | - | - | | |
| 00390 | CT examination contrast material | | | - | - | | |
| | Identification code for the use of contrast with a procedure. Appropriate codes to be supplied. | | | - | - | | |
| 00420 | MR Spectroscopy any region | | | - | - | 28.90 | 5 815.55 |
| | May be added to the regional study, once only. | | | - | - | | |
| 00430 | MR guidance for needle replacement | | | - | - | 42.56 | 8 564.35 |
| | Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610. | | | - | - | | |
| 00440 | MR low field strength imaging of peripheral joint any region | | | - | - | 12.00 | 2 414.76 |
| 00450 | MR planning study for radiotherapy or surgical procedure | | | - | - | 38.00 | 7 646.74 |
| 00455 | MR planning study for radiotherapy or surgical procedure, with contrast | | | - | - | 47.00 | 9 457.81 |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
|---|---|---|---|---|---|---|---|
| | | | | U | R | U | R |
| 00490 | MR examination contrast material | | | - | - | | |
| | Identification code for the use of contrast with a procedure. Appropriate codes to be supplied | | | - | - | | |
| 00510 | Analogue monoplane screening table | | | - | - | 41.01 | 8 252.44 |
| | A machine code may be added once per complete procedure / patient visit. | | | - | - | | |
| 00520 | Analogue monoplane table with DSA attachment | | | - | - | 47.50 | 9 558.43 |
| | A machine code may be added once per complete procedure / patient visit. | | | - | - | | |
| 00530 | Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment. | | | - | - | 47.50 | 9 558.43 |
| | A machine code may be added once per complete procedure / patient visit. | | | - | - | | |
| 00540 | Digital monoplane screening table | | | - | - | 79.92 | 16 082.30 |
| | A machine code may be added once per complete procedure / patient visit. | | | - | - | | |
| 00550 | Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment. | | | - | - | 93.03 | 18 720.43 |
| | A machine code may be added once per complete procedure / patient visit. | | | - | - | | |
| 00560 | Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment. | | | - | - | 125.00 | 25 153.75 |
| | A machine code may be added once per complete procedure / patient visit. | | | - | - | | |
| 00590 | Angiography and interventional examination contrast material | | | - | - | | |
| | Identification code for the use of contrast with a procedure. Appropriate codes to be supplied. | | | - | - | | |
| 00900 | Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton | | | 34.92 | 7 026.95 | | |
| 00903 | Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT | | | 48.33 | 9 725.45 | | |
| 00906 | Nuclear Medicine study - Venous thrombosis regional | | | 21.54 | 4 334.49 | | |
| 00909 | Nuclear Medicine study - Tumour whole body | | | - | - | 34.15 | 6 872.00 |
| 00912 | Nuclear Medicine study - Tumour whole body multiple studies | | | - | - | 47.56 | 9 570.50 |
| 00915 | Nuclear Medicine study - Tumour whole body and SPECT | | | - | - | 47.56 | 9 570.50 |
| 00918 | Nuclear Medicine study - Tumour whole body multiple studies & SPECT | | | - | - | 60.98 | 12 271.01 |
| 00921 | Nuclear Medicine study – Infection whole body | | | 31.45 | 6 328.68 | - | - |
| 00924 | Nuclear Medicine study – infection whole body with SPECT | | | 44.86 | 9 027.18 | - | - |
| 00927 | Nuclear Medicine study – infection whole body multiple studies | | | 44.86 | 9 027.18 | - | - |
| 00930 | Nuclear Medicine study – infection whole body with SPECT multiple studies | | | 58.27 | 11 725.67 | - | - |
| 00933 | Nuclear Medicine study - Bone marrow imaging limited area | | | 24.10 | 4 849.64 | - | - |
| 00936 | Nuclear Medicine study - Bone marrow imaging whole body | | | 37.51 | 7 548.14 | - | - |
| 00939 | Nuclear Medicine study - Bone marrow imaging limited area multiple studies | | | 37.51 | 7 548.14 | - | - |
| 00942 | Nuclear Medicine study - Bone marrow imaging whole body multiple studies | | | 50.92 | 10 246.63 | - | - |
| 00945 | Nuclear Medicine study - Spleen imaging only - haematopoietic | | | 24.10 | 4 849.64 | - | - |
| 00960 | Nuclear Medicine therapy – Hyperthyroidism | | | 11.99 | 2 412.75 | - | - |
| 00965 | Nuclear Medicine therapy - Thyroid carcinoma and metastases | | | 6.47 | 1 301.96 | - | - |
| 00970 | Nuclear Medicine therapy – Intra-cavity radio-active colloid therapy | | | 6.47 | 1 301.96 | - | - |
| 00975 | Nuclear Medicine therapy - Interstitial radio-active colloid therapy | | | 6.47 | 1 301.96 | - | - |
| 00980 | Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate | | | 6.47 | 1 301.96 | - | - |
| 00985 | Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy | | | 6.47 | 1 301.96 | - | - |
| 00990 | Nuclear Medicine Isotope | | | - | - | - | - |
| | Identification code for the use of isotope with a procedure. Appropriate codes to be supplied. | | | - | - | - | - |
| 00991 | Nuclear Medicine Substrate | | | - | - | - | - |
| 00956 | PET/CT scan whole body without contrast | | | 165.13 | 33 229.11 | - | - |
| 00957 | PET/CT scan whole body with contrast | | | 163.19 | 32 838.72 | - | - |
| 00951 | PET/CT local | | | 120.00 | 24 147.60 | - | - |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
|---|---|---|---|---|---|---|---|
| | | | | U | R | U | R |
| 00952 | PET/CT local with contrast | | | 124.68 | 25 089.36 | - | - |
| | **Call and assistance** | | | - | - | - | - |
| | •Emergency call out code 01010 only to be used if radiologist is called out to the rooms to report on an examination after normal working hours. May not be used for routine reporting during extended working hours.<br>•Emergency call out code 01020 only to be used when a radiologist reports on subsequent cases after having been called out to the rooms to report an initial after hours procedure. This code may also be used for home tele-radiology reporting of an emergency procedure. May not be used for routine reporting during normal or extended working hours.<br>•Radiologist assistance in theatre code 01030 only to be used if the radiologist is actively involved in assisting another radiologist or clinician with a procedure.<br>•Radiographer assistance in theatre 01040 may not be used for procedures performed in facilities owned by the radiologist; ie only for attendance in hospital theatres etc. Does not apply to Bed Side Unit (BSU) examinations.<br>•Second opinion consultations only to be used if a written report is provided as indicated in codes 01050, 01055, 01060. Not intended for ad hoc verbal consultations. | | | - | - | | |
| 01010 | Emergency call out fee, first case | | | - | - | 3.00 | 603.69 |
| 01020 | Emergency call out fee, subsequent cases same trip | | | - | - | 2.00 | 402.46 |
| 01030 | Radiologist assistance in theatre, per half hour | | | - | - | 6.00 | 1 207.38 |
| 01040 | Radiographer attendance in theatre, per half hour | | | - | - | 1.60 | 321.97 |
| 01050 | Written report on study done elsewhere, short | | | - | - | 1.50 | 301.85 |
| 01055 | Written report on study done elsewhere, extensive | | | - | - | 4.20 | 845.17 |
| 01060 | Written report for medico legal purposes, per hour | | | - | - | 9.72 | 1 955.96 |
| 01070 | Consultation for pre-assessment of interventional procedure | | | - | - | 4.86 | 977.98 |
| 01100 | X-ray procedure after hours, per procedure | | | - | - | 2.00 | 402.46 |
| 01200 | Ultrasound procedure after hours, per procedure | | | - | - | 4.00 | 804.92 |
| 01300 | CT procedure after hours, per procedure | | | - | - | 10.00 | 2 012.30 |
| 01400 | MR procedure after hours, per procedure | | | - | - | 14.00 | 2 817.22 |
| 01500 | Angiography procedure after hours, per procedure | | | - | - | 20.00 | 4 024.60 |
| 01600 | Interventional procedure after hours, per procedure | | | - | - | 26.00 | 5 231.98 |
| 01970 | Consultation for nuclear medicine study | | | 2.20 | 442.71 | | |
| | **Monitoring** | | | - | - | | |
| | •ECG / Pulse oximetry monitoring (02010). Use for monitoring patients requiring conscious sedation during imaging procedure. Not to be used as a routine. | | | - | - | | |
| 02010 | ECG/pulse Oximeter monitoring | | | - | - | 2.00 | 402.46 |
| | **Head** | | | - | - | | |
| | **Skull and Brain** | | | - | - | | |
| | Codes 10100 (skull) and 10110 (tomography) may be combined | | | - | - | | |
| 10100 | X-ray of the skull | | | - | - | 3.86 | 776.75 |
| 10110 | X-ray tomography of the skull | | | - | - | 4.30 | 865.29 |
| 10120 | X-ray shuntogram for VP shunt | | | - | - | 15.36 | 3 090.89 |
| 10200 | Ultrasound of the brain – Neonatal | | | - | - | 7.38 | 1 485.08 |
| 10210 | Ultrasound of the brain including doppler | | | - | - | 13.22 | 2 660.26 |
| 10220 | Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler | | | - | - | 15.04 | 3 026.50 |
| 10300 | CT Brain uncontrasted | | | - | - | 22.65 | 4 557.86 |
| 10310 | CT Brain with contrast only | | | - | - | 33.28 | 6 696.93 |
| 10320 | CT Brain pre and post contrast | | | - | - | 40.48 | 8 145.79 |
| 10325 | CT brain pre and post contrast for perfusion studies | | | - | - | 49.10 | 9 880.39 |
| | Stand alone code may not be added to any other CT studies of the brain, except for code 10330 | | | - | - | | |
| 10330 | CT angiography of the brain | | | - | - | 77.58 | 15 611.42 |
| 10335 | CT of the brain pre and post contrast with angiography | | | - | - | 97.91 | 19 702.43 |
| 10340 | CT brain for cranio-stenosis including 3D | | | - | - | 34.16 | 6 874.02 |
| 10350 | CT Brain stereotactic localisation | | | - | - | 19.36 | 3 895.81 |
| 10360 | CT base of skull coronal high resolution study for CSF leak | | | - | - | 34.90 | 7 022.93 |
| 10400 | MR of the brain, limited study | | | - | - | 43.56 | 8 765.58 |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
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| | | | | U | R | U | R |
| 10410 | MR of the brain uncontrasted | | | - | - | 63.80 | 12 838.47 |
| 10420 | MR of the brain with contrast | | | - | - | 75.94 | 15 281.41 |
| 10430 | MR of the brain pre and post contrast | | | - | - | 104.04 | 20 936.97 |
| 10440 | MR of the brain pre and post contrast, for perfusion studies | | | - | - | 107.44 | 21 620.16 |
| 10450 | MR of the brain plus angiography | | | - | - | 92.20 | 18 553.41 |
| 10460 | MR of the brain pre and post contrast plus angiography | | | - | - | 121.23 | 24 395.11 |
| 10470 | MR angiography of the brain uncontrasted | | | - | - | 58.50 | 11 771.96 |
| 10480 | MR angiography of the brain contrasted | | | - | - | 74.02 | 14 895.04 |
| 10485 | MR of the brain, with diffusion studies | | | - | - | 79.00 | 15 897.17 |
| 10490 | MR of the brain, pre and post contrast, with diffusion studies, | | | - | - | 110.64 | 22 264.09 |
| 10492 | MR study of the brain plus angiography plus diffusion, uncontrasted | | | - | - | 95.00 | 19 116.85 |
| 10495 | MR of the brain pre and post contrast plus angiography and diffusion | | | - | - | 125.44 | 25 242.29 |
| 10500 | Arteriography of intracranial vessels: 1 - 2 vessels | | | - | - | 48.60 | 9 779.78 |
| 10510 | Arteriography of intracranial vessels: 3 - 4 vessels | | | - | - | 82.33 | 16 567.27 |
| 10520 | Arteriography of extra-cranial (non-cervical) vessels | | | - | - | 48.44 | 9 747.58 |
| 10530 | Arteriography of intracranial and extra-cranial (non-cervical) vessels | | | - | - | 118.09 | 23 763.25 |
| 10540 | Arteriography of intracranial vessels (4) plus 3 D rotational angiography | | | - | - | 97.57 | 19 634.01 |
| 10550 | Arteriography of intracranial vessels (1) plus 3D rotational angiography | | | - | - | 37.29 | 7 503.87 |
| 10560 | Venography of dural sinuses | | | - | - | 52.23 | 10 510.24 |
| 10900 | Nuclear Medicine study – Bone regional, static | | | 21.50 | 4 326.45 | | |
| 10905 | Nuclear Medicine study – Bone regional, static, with flow | | | 27.53 | 5 539.86 | | |
| 10910 | Nuclear Medicine study – Bone regional, static with SPECT | | | 34.92 | 7 026.95 | | |
| 10915 | Nuclear Medicine study – Bone regional, static, with flow, with SPECT | | | 40.94 | 8 238.36 | | |
| 10920 | Nuclear Medicine study – Brain, planar, complete, static | | | 16.92 | 3 404.81 | | |
| 10925 | Nuclear Medicine study – Brain complete static with vascular flow | | | 22.95 | 4 618.23 | | |
| 10930 | Nuclear Medicine study – Brain, planar, complete, static, with SPECT | | | 30.33 | 6 103.31 | | |
| 10935 | Nuclear Medicine study – Brain, planar, complete, static, with flow, with SPECT | | | 36.36 | 7 316.72 | | |
| 10940 | Nuclear Medicine study - CSF flow imaging cisternography | | | 21.60 | 4 346.57 | | |
| 10945 | Nuclear Medicine study – Ventriculography | | | 13.41 | 2 698.49 | | |
| 10950 | Nuclear Medicine study - Shunt evaluation static, planar | | | 13.41 | 2 698.49 | | |
| 10955 | Nuclear Medicine study - CFS leakage detection and localisation | | | 13.41 | 2 698.49 | | |
| 10960 | Nuclear medicine study - CSF SPECT | | | 13.41 | 2 698.49 | | |
| 10971 | PET/CT scan of the brain uncontrasted | | | - | - | 110.12 | 22 159.45 |
| 10972 | PET/CT of the brain contrasted | | | - | - | 116.11 | 23 364.82 |
| 10981 | PET/CT perfusion scan of the brain | | | - | - | 131.07 | 26 375.22 |
| | **Facial bones and nasal bones** | | | - | - | | |
| | Codes 11100 (facial bones) and 11110 (tomography) may be combined | | | - | - | | |
| 11100 | X-ray of the facial bones | | | - | - | 3.93 | 790.83 |
| 11110 | X-ray tomography of the facial bones | | | - | - | 4.30 | 865.29 |
| 11120 | X-ray of the nasal bones | | | - | - | 2.39 | 480.94 |
| 11300 | CT of the facial bones | | | - | - | 20.96 | 4 217.78 |
| 11310 | CT of the facial bones with 3D reconstructions | | | - | - | 30.40 | 6 117.39 |
| 11320 | CT of the facial bones/soft tissue, pre and post contrast | | | - | - | 41.26 | 8 302.75 |
| 11400 | MR of the facial soft tissue | | | - | - | 62.40 | 12 556.75 |
| 11410 | MR of the facial soft tissue pre and post contrast | | | - | - | 100.60 | 20 243.74 |
| 11420 | MR of the facial soft tissue plus angiography, with contrast | | | - | - | 110.30 | 22 196.67 |
| 11430 | MR angiography of the facial soft tissue | | | - | - | 74.02 | 14 895.04 |
| | Orbits, lacrimal glands and tear ducts | | | - | - | | |
| | Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacrocystography). | | | - | - | | |
| 12100 | X-ray orbits less than three views | | | - | - | 3.56 | 716.38 |
| 12110 | X-ray of the orbits, three or more views, including foramina | | | - | - | 5.30 | 1 066.52 |
| 12120 | X-ray of the orbits for foreign body | | | - | - | 3.56 | 716.38 |
| 12130 | X-ray tomography of the orbits | | | - | - | 4.30 | 865.29 |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
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| | | | | U | R | U | R |
| 12140 | X-ray dacrocystography | | | - | - | 11.20 | 2 253.78 |
| 12200 | Ultrasound of the orbit/eye | | | - | - | 5.13 | 1 032.31 |
| 12210 | Ultrasound of the orbit/eye including doppler | | | - | - | 10.97 | 2 207.49 |
| 12300 | CT of the orbits single plane | | | - | - | 15.70 | 3 159.31 |
| 12310 | CT of the orbits, more than one plane | | | - | - | 20.59 | 4 143.33 |
| 12320 | CT of the orbits pre and post contrast single plane | | | - | - | 36.03 | 7 250.32 |
| 12330 | CT of the orbits pre and post contrast multiple planes | | | - | - | 39.70 | 7 988.83 |
| 12400 | MR of the orbits | | | - | - | 62.46 | 12 568.83 |
| 12410 | MR of the orbitae, pre and post contrast | | | - | - | 100.64 | 20 251.79 |
| 12900 | Nuclear Medicine study – Dacrocystography | | | - | - | 20.77 | 4 179.55 |
| | **Paranasal sinuses** | | | - | - | | |
| | Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal). | | | - | - | | |
| 13100 | X-ray of the paranasal sinuses, single view | | | - | - | 2.74 | 551.37 |
| 13110 | X-ray of the paranasal sinuses, two or more views | | | - | - | 3.66 | 736.50 |
| 13120 | X-ray tomography of the paranasal sinuses | | | - | - | 4.30 | 865.29 |
| 13130 | X-ray of the naso-pharyngeal soft tissue | | | - | - | 2.74 | 551.37 |
| 13300 | CT of the paranasal sinuses single plane, limited study | | | - | - | 7.20 | 1 448.86 |
| 13310 | CT of the paranasal sinuses, two planes, limited study | | | - | - | 12.40 | 2 495.25 |
| 13320 | CT of the paranasal sinuses, any plane, complete study | | | - | - | 15.42 | 3 102.97 |
| 13330 | CT of the paranasal sinuses, more than one plane, complete study | | | - | - | 20.77 | 4 179.55 |
| 13340 | CT of the paranasal sinuses, any plane, complete study: pre and post contrast | | | - | - | 34.74 | 6 990.73 |
| 13350 | CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast | | | - | - | 41.01 | 8 252.44 |
| 13400 | MR of the paranasal sinuses | | | - | - | 60.27 | 12 128.13 |
| 13410 | MR of the paranasal sinuses, pre and post contrast | | | - | - | 96.59 | 19 436.81 |
| | **Mandible, teeth and maxilla** | | | - | - | | |
| | Code 14110 (orthopantomogram) may be combined with 14100 (mandible) if two separate studies are performed.<br>Code 14110 (orthopantomogram) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.<br>Code 14160 (tomography) may be combined with 14130 or 14140 or 14150 (teeth).<br>Code 14160 (tomography) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.<br>Code 14330 and 14340 (Dental implants) may be combined if mandible and maxilla are examined at the same visit. | | | - | - | | |
| 14100 | X-ray of the mandible | | | - | - | 3.66 | 736.50 |
| 14110 | X-ray orthopantomogram of the jaws and teeth | | | - | - | 4.06 | 816.99 |
| 14120 | X-ray maxillofacial cephalometry | | | - | - | 2.77 | 557.41 |
| 14130 | X-ray of the teeth single quadrant | | | - | - | 2.00 | 402.46 |
| 14140 | X-ray of the teeth more than one quadrant | | | - | - | 2.53 | 509.11 |
| 14150 | X-ray of the teeth full mouth | | | - | - | 3.62 | 728.45 |
| 14160 | X-ray tomography of the teeth per side | | | - | - | 3.23 | 649.97 |
| 14300 | CT of the mandible | | | - | - | 22.28 | 4 483.40 |
| 14310 | CT of the mandible, pre and post contrast | | | - | - | 41.26 | 8 302.76 |
| 14320 | CT mandible with 3D reconstructions | | | - | - | 30.40 | 6 117.39 |
| 14330 | CT for dental implants in the mandible | | | - | - | 27.45 | 5 523.76 |
| 14340 | CT for dental implants in the maxilla | | | - | - | 27.45 | 5 523.76 |
| 14400 | MR of the mandible/maxilla | | | - | - | 63.80 | 12 838.47 |
| 14410 | MR of the mandible/maxilla, pre and post contrast | | | - | - | 98.64 | 19 849.33 |
| | **TM Joints** | | | - | - | | |
| | Code 15100 (TM joint) and 15120 (tomography) may be combined.<br>Code 15110 (TM joint) and 15130 (tomography) may be combined.<br>Code 15140 (arthrography) and 15120 (tomography) may be combined.<br>Code 15150 (arthrography) and 15130 (tomography)may be combined.<br>Codes 15320 (CT arthrogram) and 15420 (MR arthrogram) include introduction of contrast (00140 may not be added). | | | - | - | | |
| 15100 | X-ray tempero-mandibular joint, left | | | - | - | 3.56 | 716.38 |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
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| | | | | U | R | U | R |
| 15110 | X-ray tempero-mandibular joint, right | | | - | - | 3.56 | 716.38 |
| 15120 | X-ray tomography tempero-mandibular joint, left | | | - | - | 4.30 | 865.29 |
| 15130 | X-ray tomography tempero-mandibular joint, right | | | - | - | 4.30 | 865.29 |
| 15140 | X-ray arthrography of the tempero-mandibular joint, left | | | - | - | 15.41 | 3 100.95 |
| 15150 | X-ray arthrography of the tempero-mandibular joint, right | | | - | - | 15.41 | 3 100.95 |
| 15200 | Ultrasound tempero-mandibular joints, one or both sides | | | - | - | 6.56 | 1 320.07 |
| 15300 | CT of the tempero-mandibular joints | | | - | - | 25.38 | 5 107.22 |
| 15310 | CT of the tempero-mandibular joints plus 3D reconstructions | | | - | - | 34.50 | 6 942.44 |
| 15320 | CT arthrogram of the tempero-mandibular joints | | | - | - | 35.96 | 7 236.23 |
| 15400 | MR of the tempero-mandibular joints | | | - | - | 63.80 | 12 838.47 |
| 15410 | MR of the tempero-mandibular joints, pre and post contrast | | | - | - | 100.84 | 20 292.03 |
| 15420 | MR arthrogram of the tempero-mandibular joints | | | - | - | 74.71 | 15 033.89 |
| | **Mastoids and internal auditory canal**<br><br>Code 16100 (mastoids) and 16120 (tomography) may be combined.<br>Code 16110 (mastoids bilat) and 16130 (tomography) may be combined<br>Code 16140 (IAM's) and 16150 (tomography) may be combined. | | | - | - | | |
| 16100 | X-ray of the mastoids, unilateral | | | - | - | 3.59 | 722.42 |
| 16110 | X-ray of the mastoids, bilateral | | | - | - | 7.18 | 1 444.83 |
| 16120 | X-ray tomography of the petro-temporal bone, unilateral | | | - | - | 4.30 | 865.29 |
| 16130 | X-ray tomography of the petro-temporal bone, bilateral | | | - | - | 8.60 | 1 730.58 |
| 16140 | X-ray internal auditory canal, bilateral | | | - | - | 5.23 | 1 052.43 |
| 16150 | X-ray tomography of the internal auditory canal, bilateral | | | - | - | 4.30 | 865.29 |
| 16300 | CT of the mastoids | | | - | - | 12.60 | 2 535.50 |
| 16310 | CT of the internal auditory canal | | | - | - | 21.47 | 4 320.41 |
| 16320 | CT of the internal auditory canal, pre and post contrast | | | - | - | 34.20 | 6 882.07 |
| 16330 | CT of the ear structures, limited study | | | - | - | 13.40 | 2 696.48 |
| 16340 | CT of the middle and inner ear structures, high definition including all reconstructions in various planes | | | - | - | 43.35 | 8 723.32 |
| 16400 | MR of the internal auditory canals, limited study | | | - | - | 43.56 | 8 765.58 |
| 16410 | MR of the internal auditory canals, pre and post contrast, limited study | | | - | - | 68.93 | 13 870.78 |
| 16420 | MR of the internal auditory canals, pre and post contrast, complete study | | | - | - | 102.64 | 20 654.25 |
| 16430 | MR of the ear structures | | | - | - | 64.40 | 12 959.21 |
| 16440 | MR of the ear structures, pre and post contrast | | | - | - | 102.64 | 20 654.25 |
| | **Sella turcica**<br><br>Code 17100 (sella) and 17110 (tomography) may be combined. | | | - | - | | |
| 17100 | X-ray of the sella turcica | | | - | - | 3.08 | 619.79 |
| 17110 | X-ray tomography of the sella turcica | | | - | - | 4.30 | 865.29 |
| 17300 | CT of the sella turcica/hypophysis | | | - | - | 17.45 | 3 511.46 |
| 17310 | CT of the sella turcica/hypophysis, pre and post contrast | | | - | - | 42.26 | 8 503.98 |
| | **Salivary glands and floor of the mouth** | | | - | - | | |
| | **Neck**<br><br>Code 20120 (laryngography) includes fluoroscopy (00140 may not be added).<br>Code 20130 (speech) includes tomography and cinematography (00140 may not be added).<br>Code 20450 (MR Angiography) may be combined with 10410 (MR brain). | | | - | - | | |
| 20100 | X-ray of soft tissue of the neck | | | - | - | 2.74 | 551.37 |
| 20110 | X-ray of the larynx including tomography | | | - | - | 9.39 | 1 889.55 |
| 20120 | X-ray laryngography | | | - | - | 8.28 | 1 666.18 |
| 20130 | X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording | | | - | - | 8.30 | 1 670.21 |
| 20200 | Ultrasound of the thyroid | | | - | - | 6.56 | 1 320.07 |
| 20210 | Ultrasound of soft tissue of the neck | | | - | - | 6.56 | 1 320.07 |
| 20220 | Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler | | | - | - | 15.00 | 3 018.45 |
| 20230 | Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler | | | - | - | 21.84 | 4 394.86 |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
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| | | | | U | R | U | R |
| 20240 | Ultrasound study of the venous system of the neck including pulse and colour Doppler | | | - | - | 10.80 | 2 173.28 |
| 20300 | CT of the soft tissues of the neck | | | - | - | 18.25 | 3 672.45 |
| 20310 | CT of the soft tissues of the neck, with contrast | | | - | - | 38.15 | 7 676.92 |
| 20320 | CT of the soft tissues of the neck, pre and post contrast | | | - | - | 43.81 | 8 815.89 |
| 20330 | CT angiography of the extracranial vessels in the neck | | | - | - | 79.36 | 15 969.61 |
| 20340 | intracranial vessels of the brain | | | - | - | 107.50 | 21 632.23 |
| 20350 | CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain plus a pre and post contrast study of the brain | | | - | - | 124.43 | 25 039.05 |
| 20400 | Mr of the soft tissue of the neck | | | - | - | 63.60 | 12 798.23 |
| 20410 | MR of the soft tissue of the neck, pre and post contrast | | | - | - | 102.04 | 20 533.51 |
| 20420 | MR of the soft tissue of the neck and uncontrasted angiography | | | - | - | 92.60 | 18 633.90 |
| 20430 | MR angiography of the extracranial vessels in the neck, without contrast | | | - | - | 59.60 | 11 993.31 |
| 20440 | MR angiography of the extracranial vessels in the neck, with contrast | | | - | - | 74.02 | 14 895.04 |
| 20450 | MR angiography of the extra and intracranial vessels with contrast | | | - | - | 116.05 | 23 352.74 |
| 20460 | MR angiography of the intra and extra cranial vessels plus brain, without contrast | | | - | - | 135.17 | 27 200.26 |
| 20470 | MR angiography of the intra and extra cranial vessels plus brain, with contrast | | | - | - | 156.05 | 31 401.94 |
| 20500 | Arteriography of cervical vessels: carotid 1 - 2 vessels | | | - | - | 44.43 | 8 940.65 |
| 20510 | Arteriography of cervical vessels: vertebral 1 - 2 vessels | | | - | - | 50.73 | 10 208.40 |
| 20520 | Arteriography of cervical vessels: carotid and vertebral | | | - | - | 77.63 | 15 621.48 |
| 20530 | Arteriography of aortic arch and cervical vessels | | | - | - | 91.97 | 18 507.12 |
| 20540 | Arteriography of aortic arch, cervical and intracranial vessels | | | - | - | 108.87 | 21 907.91 |
| 20550 | Venography of jugular and vertebral veins | | | - | - | 48.95 | 9 850.21 |
| | **Thyroid (Nuclear Medicine)** | | | - | - | | |
| 21900 | Nuclear Medicine study - Thyroid, single uptake | | | 9.68 | 1 947.91 | - | - |
| 21910 | Nuclear medicine study - Thyroid, multiple uptake | | | 14.69 | 2 956.07 | - | - |
| 21920 | Nuclear medicine study - Thyroid imaging with uptake | | | 17.72 | 3 565.80 | - | - |
| 21930 | Nuclear medicine study - Thyroid imaging | | | 12.72 | 2 559.65 | - | - |
| 21940 | Nuclear medicine study - Thyroid imaging with vascular flow | | | 18.74 | 3 771.05 | - | - |
| 21950 | Nuclear medicine study - Thyroid suppression/stimulation | | | 12.72 | 2 559.65 | - | - |
| 29920 | Nuclear medicine study - Tumour localisation planar, static | | | 18.04 | 3 630.19 | - | - |
| 29925 | Nuclear medicine study - Infection localisation planar, static, | | | 31.45 | 6 328.68 | - | - |
| 29930 | Nuclear medicine study - Infection localisation planar, static and | | | 31.45 | 6 328.68 | - | - |
| 29935 | Nuclear medicine study - Infection localisation planar, static, | | | 44.86 | 9 027.18 | - | - |
| 29960 | PET scan of the soft tissue of the neck | | | | | | |
| 29961 | PET/CT scan of the soft tissue of the neck uncontrasted | | | - | - | 105.87 | 21 304.22 |
| 29962 | PET/CT scan of the soft tissue of the neck contrasted | | | - | - | 111.69 | 22 475.38 |
| | **Thorax** | | | - | - | | |
| | Chest wall, pleura, lungs and mediastinum<br><br>Code 30140 (tomography) may be combined with 30100 or 30110 (chest) or 30150 or 30155 (ribs) or 30160 (thoracic inlet).<br>Codes 30170 (Sterno-clavicular) and 30175 (tomography) may be combined.<br>Code 30180 (sternum) and 30185 (tomography) may be combined.<br><br>Code 30340 (CT limited high resolution) may be combined with 30310 or 30320 or 30330 (CT chest). Motivation may be required.<br>Code 30350 (high resolution) is a stand alone study.<br>Code 30360, (CT chest for pulmonary embolism) is a complete examination and includes the preceding uncontrasted CT scan of the chest, and may not be combined with 40330 or 40333 (CT abdomen and pelvis).<br>Code 30370 (CT pulmonary embolism plus CT venography) may not be combined with 70230 (Doppler). | | | - | - | | |
| 30100 | X-ray of the chest, single view | | | - | - | 3.04 | 611.74 |
| 30110 | X-ray of the chest two views, PA and lateral | | | - | - | 3.84 | 772.72 |
| 30120 | X-ray of the chest complete with additional views | | | - | - | 4.24 | 853.22 |
| 30130 | X-ray of the chest complete including fluoroscopy | | | - | - | 4.48 | 901.51 |
| 30140 | X-ray tomography of the chest | | | - | - | 4.30 | 866.29 |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
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| | | | | U | R | U | R |
| 30150 | X-ray of the ribs | | | - | - | 4.79 | 963.89 |
| 30155 | X-ray of the chest and ribs | | | - | - | 6.42 | 1 291.90 |
| 30160 | X-ray of the thoracic inlet | | | - | - | 2.56 | 515.15 |
| 30170 | X-ray of the sterno-clavicular joints | | | - | - | 4.21 | 847.18 |
| 30175 | X-ray tomography of the sterno-clavicular joint | | | - | - | 4.30 | 865.29 |
| 30180 | X-ray of the sternum | | | - | - | 4.21 | 847.18 |
| 30185 | X-ray tomography of the sternum | | | - | - | 4.30 | 865.29 |
| 30200 | Ultrasound of the chest wall, any region | | | - | - | 6.56 | 1 320.07 |
| 30210 | Ultrasound of the pleural space | | | - | - | 6.56 | 1 320.07 |
| 30220 | Ultrasound of the mediastinal structures | | | - | - | 6.56 | 1 320.07 |
| 30300 | CT of the chest, limited study | | | - | - | 9.50 | 1 911.69 |
| 30310 | CT of the chest uncontrasted | | | - | - | 26.60 | 5 352.72 |
| 30320 | CT of the chest contrasted | | | - | - | 42.43 | 8 538.19 |
| 30330 | CT of the chest, pre and post contrast | | | - | - | 45.70 | 9 196.21 |
| 30340 | CT of the chest, limited high resolution study | | | - | - | 11.20 | 2 253.78 |
| 30350 | CT of the chest, complete high resolution study | | | - | - | 24.01 | 4 831.53 |
| 30355 | prone and expiratory studies | | | - | - | 33.30 | 6 700.96 |
| 30360 | CT of the chest for pulmonary embolism | | | - | - | 57.12 | 11 494.26 |
| 30370 | CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs | | | - | - | 80.28 | 16 154.74 |
| 30400 | MR of the chest | | | - | - | 63.60 | 12 798.23 |
| 30410 | MR of the chest with uncontrasted angiography | | | - | - | 92.60 | 18 633.90 |
| 30420 | MR of the chest, pre and post contrast | | | - | - | 102.04 | 20 533.51 |
| 30900 | Nuclear Medicine study - Lung perfusion | | | 21.54 | 4 334.49 | | |
| 30910 | Nuclear Medicine study - Lung ventilation, aerosol | | | 21.50 | 4 326.45 | | |
| 30920 | Nuclear Medicine study - Lung perfusion and ventilation | | | 42.03 | 8 457.70 | | |
| 30930 | Nuclear Medicine study - Lung ventilation using radio-active gas | | | 14.17 | 2 851.43 | | |
| 30940 | Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas | | | 34.69 | 6 980.67 | | |
| 30950 | Nuclear medicine study - Muco-ciliary clearance study dynamic | | | 26.51 | 5 334.61 | | |
| 30960 | Nuclear medine study - alveolar permeabillity | | | 26.51 | 5 334.61 | | |
| | Stand alone code. Not to be combined with 30910. | | | - | - | | |
| 30970 | Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation | | | 6.02 | 1 211.40 | | |
| | Stand alone code. Not to be combined with 30920. | | | - | - | | |
| 30981 | PET/CT scan of the chest uncontrasted | | | - | - | 111.44 | 22 425.07 |
| 30982 | PET/CT scan of the chest contrasted | | | - | - | 117.42 | 23 628.43 |
| 30983 | PET/CT scan of the chest pre and post contrast | | | - | - | 148.32 | 29 846.43 |
| | **Oesophagus** | | | - | - | | |
| | may not be added). | | | - | - | | |
| 31100 | X-ray barium swallow | | | - | - | 6.60 | 1 328.12 |
| 31105 | Xray 3 phase dynamic contrasted swallow | | | - | - | 12.60 | 2 535.50 |
| 31110 | X-ray barium swallow, double contrast | | | - | - | 7.92 | 1 593.74 |
| 31120 | X-ray barium swallow with cinematography | | | - | - | 10.07 | 2 026.39 |
| | **Aorta and large vessels** | | | - | - | | |
| | Codes 32210 and 32220 (Ivus) may be combined | | | - | - | | |
| 32200 | intervention, once per complete procedure | | | - | - | 4.20 | 845.17 |
| 32210 | Ultrasound intravascular (IVUS) first vessel | | | - | - | 8.44 | 1 698.38 |
| 32220 | Ultrasound intravascular (IVUS) subsequent vessels | | | - | - | 5.30 | 1 066.52 |
| 32300 | CT angiography of the aorta and branches | | | - | - | 79.08 | 15 913.27 |
| 32305 | CT angiography of the thoracic and abdominal aorta and branches | | | - | - | 105.50 | 21 229.77 |
| 32310 | CT angiography of the pulmonary vasculature | | | - | - | 79.08 | 15 913.27 |
| 32400 | MR angiography of the aorta and branches | | | - | - | 78.50 | 15 796.56 |
| 32410 | MR angiography of the pulmonary vasculature | | | - | - | 105.27 | 21 183.48 |
| 32500 | Arteriography of thoracic aorta | | | - | - | 28.26 | 5 686.76 |
| 32510 | Arteriography of bronchial intercostal vessels alone | | | - | - | 50.15 | 10 091.68 |
| 32520 | Arteriography of thoracic aorta, bronchial and intercostal vessels | | | - | - | 67.43 | 13 568.94 |
| 32530 | Arteriography of pulmonary vessels | | | - | - | 63.27 | 12 731.82 |
| 32540 | Arteriography of heart chambers, coronary arteries | | | - | - | 44.27 | 8 908.45 |
| 32550 | Venography of thoracic vena cava | | | - | - | 28.38 | 5 710.91 |
| 32560 | Venography of vena cava, azygos system | | | - | - | 56.31 | 11 331.26 |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
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| | | | | U | R | U | R |
| 32570 | Venography patency of A-port or other central line | | | - | - | 19.64 | 3 952.16 |
| | **Heart** | | | - | - | | |
| | Codes 33300 (CT anatomy / function) and 33310 (CT Angiography) may be done as stand alone studies or as additive studies if both are performed at the same time. | | | - | - | | |
| | 33200 or 33210. This code is intended for paediatric and foetal | | | - | - | | |
| 33200 | Ultrasound study of the heart, including Doppler | | | - | - | 8.20 | 1 650.09 |
| 33210 | Ultrasound study of the heart trans-oesophageal | | | - | - | 10.52 | 2 116.94 |
| 33220 | Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel | | | - | - | 5.20 | 1 046.40 |
| 33300 | CT anatomical/functional study of the heart | | | - | - | 34.61 | 6 964.57 |
| 33310 | CT angiography of heart vessels | | | - | - | 81.28 | 16 355.97 |
| 33970 | Nuclear Medicine study - Multi stage treadmill ECG test | | | - | - | 6.66 | 1 340.19 |
| | **Mamma** | | | | | | |
| 34200 | Ultrasound study of the breast | | | | | 7.90 | 1 589.72 |
| | **Abdomen and Pelvis** | | | - | - | | |
| | **Abdomen/stomach/bowel** | | | - | - | | |
| | Code 40120 (tomography) may be combined with 40100 or 40105 or 40110 (abdomen).<br>Codes 40140 to 40190 (barium studies) include fluoroscopy (00140 may not be added).<br>Code 40190 (intussusception) is a stand alone code and may not be combined with 40160 or 40165 (barium enema), (00140 may not be added). | | | - | - | | |
| 40100 | X-ray of the abdomen | | | - | - | 3.32 | 668.08 |
| 40105 | X-ray of the abdomen supine and erect, or decubitus | | | - | - | 5.36 | 1 078.59 |
| 40110 | X-ray of the abdomen multiple views including chest | | | - | - | 8.10 | 1 629.96 |
| 40120 | X-ray tomography of the abdomen | | | - | - | 4.30 | 865.29 |
| 40140 | X-ray barium meal single contrast | | | - | - | 8.87 | 1 784.91 |
| 40143 | X-ray barium meal double contrast | | | - | - | 11.99 | 2 412.75 |
| 40147 | X-ray barium meal double contrast with follow through | | | - | - | 15.80 | 3 179.43 |
| 40150 | X-ray small bowel enteroclysis (meal) | | | - | - | 25.45 | 5 121.30 |
| | intubation) may be added. | | | - | - | | |
| 40153 | X-ray small bowel meal follow through single contrast | | | - | - | 19.55 | 3 934.06 |
| 40157 | X-ray small bowel meal with pneumocolon | | | - | - | 25.63 | 5 157.62 |
| 40160 | X-ray large bowel enema single contrast | | | - | - | 12.97 | 2 609.95 |
| 40165 | X-ray large bowel enema double contrast | | | - | - | 19.63 | 3 950.14 |
| 40170 | X-ray guided gastro oesophageal intubation | | | - | - | 1.60 | 321.97 |
| 40175 | X-ray guided duodenal intubation | | | - | - | 2.80 | 563.44 |
| 40180 | X-ray defaecogram | | | - | - | 12.97 | 2 609.95 |
| 40190 | X-ray guided reduction of intussusception | | | - | - | 16.27 | 3 274.01 |
| 40200 | Ultrasound study of the abdominal wall | | | - | - | 5.54 | 1 114.81 |
| 40210 | Ultrasound study of the whole abdomen including the pelvis | | | - | - | 8.24 | 1 658.14 |
| 40300 | CT study of the abdomen | | | - | - | 26.41 | 5 314.48 |
| 40310 | CT study of the abdomen with contrast | | | - | - | 44.82 | 9 019.13 |
| 40313 | CT study of the abdomen pre and post contrast | | | - | - | 52.99 | 10 663.18 |
| 40320 | CT of the pelvis | | | - | - | 26.13 | 5 258.14 |
| 40323 | CT of the pelvis with contrast | | | - | - | 47.48 | 9 554.40 |
| 40327 | CT of the pelvis pre and post contrast | | | - | - | 53.87 | 10 840.26 |
| 40330 | CT of the abdomen and pelvis | | | - | - | 38.50 | 7 747.36 |
| 40333 | CT of the abdomen and pelvis with contrast | | | - | - | 62.17 | 12 510.47 |
| 40337 | CT of the abdomen and pelvis pre and post contrast | | | - | - | 67.43 | 13 568.94 |
| 40340 | CT triphasic study of the liver, abdomen and pelvis pre and post contrast | | | - | - | 74.11 | 14 913.16 |
| 40345 | CT of the chest, abdomen and pelvis without contrast | | | - | - | 70.12 | 14 110.25 |
| 40350 | CT of the chest, abdomen and pelvis with contrast | | | - | - | 88.35 | 17 778.67 |
| 40355 | CT of the chest triphasic of the liver, abdomen and pelvis with contrast | | | - | - | 93.05 | 18 724.45 |
| 40360 | CT of the base of skull to symphysis pubis with contrast | | | - | - | 102.73 | 20 672.36 |
| 40365 | CT colonoscopy | | | - | - | 34.78 | 6 998.78 |
| | Stand alone study, may not be added to any code between 40300 and 40360 | | | - | - | | |
| 40400 | MR of the abdomen | | | - | - | 64.58 | 12 996.43 |
| 40410 | MR of the abdomen pre and post contrast | | | - | - | 100.84 | 20 292.03 |
| 40420 | MR of the pelvis, soft tissue | | | - | - | 64.58 | 12 996.43 |
| 40430 | MR of the pelvis, soft tissue, pre and post contrast | | | - | - | 102.04 | 20 533.51 |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
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| | | | | U | R | U | R |
| 40900 | Nuclear Medicine study - Gastro oesophageal reflux and emptying | | | 21.50 | 4 326.45 | - | - |
| 40905 | Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies | | | 34.92 | 7 026.95 | - | - |
| 40910 | Nuclear Medicine study - Gastro intestinal protein loss | | | 21.50 | 4 326.45 | - | - |
| 40915 | Nuclear Medicine study - Gastro intestinal protein loss multiple studies | | | 34.92 | 7 026.95 | - | - |
| 40920 | Nuclear Medicine study – Acute GIT bleed static/dynamic | | | 21.50 | 4 326.45 | - | - |
| 40925 | Nuclear medicine study – Acute GIT bleed multiple studies | | | 34.92 | 7 026.95 | - | - |
| 40930 | Nuclear medicine study - Meckel's localisation | | | 20.77 | 4 179.55 | - | - |
| 40935 | Nuclear medicine study - Gastric mucosa imaging | | | 20.77 | 4 179.55 | - | - |
| 40940 | Nuclear medicine study - colonic transit multiple studies | | | 44.86 | 9 027.18 | - | - |
| | Stand alone code | | | - | - | | |
| 40950 | PET scan of the abdomen and pelvis | | | | | | - |
| 40951 | PET/CT scan of the abdomen and pelvis uncontrasted | | | - | - | 119.53 | 24 053.02 |
| 40952 | PET/CT scan of the abdomen and pelvis contrasted | | | - | - | 129.31 | 26 021.05 |
| 40953 | PET/CT scan of the abdomen and pelvis pre and post contrast | | | - | - | 140.50 | 28 272.82 |
| | Liver, spleen, gall bladder and pancreas | | | - | - | | |
| | Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added). | | | - | - | | |
| 41100 | X-ray ERCP including screening | | | - | - | 18.90 | 3 803.25 |
| 41105 | X-ray ERCP reporting on images done in theatre | | | - | - | 2.40 | 482.95 |
| 41110 | X-ray cholangiography intra-operative | | | - | - | 8.45 | 1 700.39 |
| 41120 | X-ray T-tube cholangiography post operative | | | - | - | 14.05 | 2 827.28 |
| 41130 | X-ray transhepatic percutaneous cholangiography | | | - | - | 32.34 | 6 507.78 |
| 41200 | Ultrasound study of the upper abdomen | | | - | - | 7.00 | 1 408.61 |
| 41210 | Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis | | | | | 9.80 | 1 895.20 |
| 41300 | CT of the abdomen triphasic study – liver | | | - | - | 54.90 | 11 047.53 |
| 41400 | MR study of the liver/pancreas | | | - | - | 64.78 | 13 035.68 |
| 41410 | MR study of the liver/pancreas pre and post contrast | | | - | - | 100.84 | 20 292.03 |
| 41420 | MRCP | | | - | - | 49.20 | 9 900.52 |
| 41430 | MR study of the abdomen with MRCP | | | - | - | 92.98 | 18 710.37 |
| 41440 | MR study of the abdomen pre and post contrast with MRCP | | | - | - | 133.60 | 26 884.33 |
| 41900 | Nuclear Medicine study - Liver and spleen, planar views only | | | 21.50 | 4 326.45 | - | - |
| 41905 | Nuclear Medicine study - Liver and spleen, with flow study | | | 27.53 | 5 539.86 | - | - |
| 41910 | Nuclear Medicine study - Liver and spleen, planar views SPECT | | | 34.92 | 7 026.95 | - | - |
| 41915 | Nuclear Medicine study - Liver and spleen, with flow study and SPECT | | | 40.94 | 8 238.36 | - | - |
| 41920 | Nuclear Medicine study - Hepatobiliary system planar static/dynamic | | | 21.50 | 4 326.45 | - | - |
| 41925 | Nuclear Medicine study – hepatobiliary tract including flow | | | 26.51 | 5 334.61 | - | - |
| 41930 | Nuclear medicine study – Hepatobiliary system planar, static/dynamic multiple studies | | | 34.92 | 7 026.95 | - | - |
| 41935 | Nuclear medicine study – Hepatobiliary tract including flow multiple studies | | | 39.92 | 8 033.10 | - | - |
| 41940 | Nuclear medicine study - Gall bladder ejection fraction | | | 6.02 | 1 211.40 | - | - |
| 41945 | Nuclear medicine study – Biliary gastric reflux study | | | 20.77 | 4 179.55 | - | - |
| | **Renal tract** | | | - | - | | |
| 42100 | X-ray tomography of the renal tract | | | - | - | 4.30 | 865.29 |
| | Code 42100 (tomography) may not be added to 42110 or 42115 (IVP).<br>Codes 42115 (IVP), 42120 (cystography), 42130 (urethography), 42140 (MCU), 42150 (retrograde), and 42160 (prograde) include fluoroscopy (00140 may not be added). | | | - | - | | |
| 42110 | X-ray excretory urogram including tomography | | | - | - | 24.86 | 5 002.58 |
| 42115 | X-ray excretory urogram including tomography with micturating study | | | - | - | 32.86 | 6 612.42 |
| 42120 | X-ray cystography | | | - | - | 15.05 | 3 028.51 |
| 42130 | X-ray urethrography | | | - | - | 15.37 | 3 092.91 |
| 42140 | X-ray micturating cysto-urethrography | | | - | - | 19.30 | 3 883.74 |
| 42150 | X-ray retrograde/prograde pyelography | | | - | - | 12.53 | 2 521.41 |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
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| | | | | U | R | U | R |
| 42155 | X-ray retrograde/prograde pyelography reporting on images done in theatre | | | - | - | 2.41 | 484.96 |
| 42160 | X-ray prograde pyelogram – percutaneous | | | - | - | 32.67 | 6 574.18 |
| 42200 | Ultrasound study of the renal tract including bladder | | | - | - | 7.42 | 1 493.13 |
| 42205 | Ultrasound doppler for resistive index in vessels of transplanted kidney | | | - | - | 3.80 | 764.67 |
| | Code 42205 is a stand alone study and may not be added to 42200 | | | - | - | | |
| 42210 | Ultrasound study of the renal arteries including Doppler | | | - | - | 10.60 | 2 133.04 |
| 42400 | MR of the renal tract for obstruction | | | - | - | 47.00 | 9 457.81 |
| 42410 | MR of the kidneys without contrast | | | - | - | 64.58 | 12 995.43 |
| 42420 | MR of the kidneys pre and post contrast | | | - | - | 102.24 | 20 573.76 |
| 42900 | Nuclear Medicine study - Renal imaging, static (e.g. DMSA) | | | 21.94 | 4 414.99 | | |
| 42905 | Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow | | | 27.96 | 5 626.39 | | |
| 42910 | Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT | | | 35.35 | 7 113.48 | | |
| 42915 | Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT | | | 41.37 | 8 324.89 | | |
| 42920 | Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow | | | 26.51 | 5 334.61 | | |
| 42930 | Nuclear Medicine study – Renovascular study, baseline | | | 26.51 | 5 334.61 | | |
| 42940 | Nuclear Medicine study – Renovascular study, with intervention | | | 26.51 | 5 334.61 | | |
| 42950 | Nuclear medicine study - indirect voiding cystogram | | | 6.02 | 1 211.40 | | |
| | **Reproductive system** | | | | | | |
| 43200 | Ultrasound study of the pelvis transabdominal. | | | | | 5.70 | 1 147.01 |
| 43220 | Ultrasound study of the testes. | | | | | 7.38 | 1 485.08 |
| | **Aorta and vessels** | | | - | - | | |
| | Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen). | | | - | - | | |
| 44200 | Ultrasound study of abdominal aorta and branches including doppler | | | - | - | 18.32 | 3 686.53 |
| 44205 | Ultrasound study of the IVC and pelvic veins including Doppler | | | - | - | 14.00 | 2 817.22 |
| | This is a stand alone code and may not be added to 44200. | | | - | - | | 0.00 |
| 44300 | CT angiography of abdominal aorta and branches | | | - | - | 76.72 | 15 438.37 |
| 44305 | CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen | | | - | - | 94.32 | 18 980.01 |
| 44310 | CT angiography of the pelvis | | | - | - | 78.64 | 15 824.73 |
| 44320 | CT angiography of the abdominal aorta and pelvis | | | - | - | 89.54 | 18 018.13 |
| 44325 | CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis | | | - | - | 119.15 | 23 976.55 |
| 44330 | CT portogram | | | - | - | 74.40 | 14 971.51 |
| 44400 | MR angiography of abdominal aorta and branches | | | - | - | 76.64 | 15 422.27 |
| 44500 | Arteriography of abdominal aorta alone | | | - | - | 28.12 | 5 658.59 |
| 44503 | Arteriography of aorta plus coeliac, mesenteric branches | | | - | - | 75.63 | 15 219.02 |
| 44505 | Arteriography of aorta plus renal, adrenal branches | | | - | - | 63.01 | 12 679.50 |
| 44507 | Arteriography of aorta plus non-visceral branches | | | - | - | 60.79 | 12 232.77 |
| 44510 | Arteriography of coeliac, mesenteric vessels alone | | | - | - | 64.35 | 12 949.15 |
| 44515 | Arteriography of renal, adrenal vessels alone | | | - | - | 49.49 | 9 958.87 |
| 44517 | Arteriography of non-visceral abdominal vessels alone | | | - | - | 54.91 | 11 049.54 |
| 44520 | Arteriography of internal and external iliac vessels alone | | | - | - | 56.72 | 11 413.77 |
| 44525 | Venography of internal and external iliac veins alone | | | - | - | 62.11 | 12 498.40 |
| 44530 | Corpora cavernosography | | | - | - | 25.06 | 5 042.82 |
| 44535 | Vasography, vesiculography | | | - | - | 29.19 | 5 873.90 |
| 44540 | Venography of inferior vena cava | | | - | - | 26.12 | 5 256.13 |
| 44543 | Venography of hepatic veins alone | | | - | - | 53.77 | 10 820.14 |
| 44545 | Venography of inferior vena cava and hepatic veins | | | - | - | 68.91 | 13 866.76 |
| 44550 | Venography of lumbar azygos system alone | | | - | - | 43.89 | 8 831.98 |
| 44555 | Venography of inferior vena cava and lumbar azygos veins | | | - | - | 65.46 | 13 172.52 |
| 44560 | Venography of renal, adrenal veins alone | | | - | - | 43.99 | 8 852.11 |
| 44565 | Venography of inferior vena cava and renal/adrenal veins | | | - | - | 68.39 | 13 762.12 |
| 44570 | Venography of spermatic, ovarian veins alone | | | - | - | 40.39 | 8 127.68 |
| 44573 | Venography of inferior vena cava, renal, spermatic, ovarian veins | | | - | - | 73.99 | 14 889.01 |
| 44580 | Venography indirect splenoportogram | | | - | - | 48.67 | 9 793.86 |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
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| 44583 | Venography direct splenoportogram | | | - | - | 31.59 | 6 356.86 |
| 44587 | Venography transhepatic portogram | | | - | - | 66.75 | 13 432.10 |
| | **Soft Tissue** | | | - | - | | |
| 49920 | Nuclear medicine study – Infection localisation planar, static | | | 18.04 | 3 490.56 | | |
| 49930 | Nuclear medicine study – Infection localisation planar, static, multiple studies | | | 31.45 | 6 085.26 | | |
| 49940 | Nuclear medicine study – Infection localisation planar, static and SPECT | | | 31.45 | 6 085.26 | | |
| 49950 | Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT | | | 44.86 | 8 679.96 | | |
| | **Spine, Pelvis and Hips** | | | - | - | | |
| | Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventianla myelography codes viz. 51160, 52150, 53160 | | | - | - | | |
| | **General** | | | - | - | | |
| | Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added). | | | - | - | | |
| 50100 | X-ray of the spine scoliosis view AP only | | | - | - | 7.00 | 1 408.61 |
| 50105 | X-ray of the spine scoliosis view AP and lateral | | | - | - | 12.00 | 2 414.76 |
| 50110 | X-ray of the spine scoliosis view AP and lateral including stress views | | | - | - | 18.54 | 3 730.80 |
| 50120 | X-ray bone densitometry | | | - | - | 11.52 | 2 318.17 |
| 50130 | X-ray guided lumbar puncture | | | - | - | 4.80 | 965.90 |
| 50140 | X-ray guided cisternal puncture cisternogram | | | - | - | 22.98 | 4 624.27 |
| 50300 | CT quantitive bone mineral density | | | - | - | 11.83 | 2 380.55 |
| 50500 | Arteriogram of the spinal column and cord, all vessels | | | - | - | 127.23 | 25 602.49 |
| 50510 | Venography of the spinal, paraspinal veins | | | - | - | 58.45 | 11 761.89 |
| | **Cervical** | | | - | - | | |
| | to 51110, 51120 (cervical spine), 51160 (myelography) and 51170 (discography).<br>Code 51140 (tomography) may be combined with 51110 or 51120 (spine).<br>Code 51160s (myelography) and 51170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).<br>Code 51300 (CT) limited - limited to a single cervical vertebral body.<br>Code 51310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.<br>Code 51320 (CT) complete study - an extensive study of the cervical spine.<br>Code 51340 (CT myelography) – post myelographic study and includes all disc levels, includes fluoroscopy and introduction of contrast (00140 may not be added). | | | - | - | | |
| 51100 | X-ray f the cervical spine, stress views only | | | - | - | 4.14 | 833.09 |
| 51110 | X-ray of the cervical spine, one or two views | | | - | - | 3.01 | 605.70 |
| 51120 | X-ray of the cervical spine, more than two views | | | - | - | 4.28 | 861.26 |
| 51130 | X-ray of the cervical spine, more than two views including stress views | | | - | - | 7.58 | 1 526.32 |
| 51140 | X-ray Tomography cervical spine | | | - | - | 4.30 | 865.29 |
| 51160 | X-ray myelography of the cervical spine | | | - | - | 27.46 | 5 526.78 |
| 51170 | X-ray discography cervical spine per level | | | - | - | 25.17 | 5 064.96 |
| 51300 | CT of the cervical spine limited study | | | - | - | 9.50 | 1 911.69 |
| 51310 | CT of the cervical spine – regional study | | | - | - | 13.91 | 2 799.11 |
| 51320 | CT of the cervical spine – complete study | | | - | - | 37.13 | 7 471.67 |
| 51330 | CT of the cervical spine pre and post contrast | | | - | - | 58.85 | 11 842.39 |
| 51340 | CT myelography of the cervical spine | | | - | - | 47.19 | 9 496.04 |
| 51350 | CT myelography of the cervical spine following myelogram | | | - | - | 21.69 | 4 364.68 |
| 51400 | MR of the cervical spine, limited study | | | - | - | 44.40 | 8 934.61 |
| 51410 | MR of the cervical spine and cranio-cervical junction | | | - | - | 64.82 | 13 043.73 |
| 51420 | MR of the cervical spine and cranio-cervical junction pre and post contrast | | | - | - | 102.14 | 20 553.63 |
| 51900 | Nuclear Medicine study – Bone regional cervical | | | 21.50 | 4 326.45 | | |
| 51910 | Nuclear Medicine study – Bone tomography regional cervical | | | 13.41 | 2 698.49 | | |
| 51920 | Nuclear Medicine study – with flow | | | 6.02 | 1 211.40 | | |

| | | | | 025 - Nuclear Medicine | | 038 - Radiology | |
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| | **Thoracic**<br>Code 52120 (tomography) may be combined with 52100 or 52110 (spine).<br>Code 52150 (myelography) includes fluoroscopy and introduction of contrast (00140 may not be added).<br>Code 52300 (CT) limited study – limited to a single thoracic vertebral body.<br>Code 52305 (CT) regional study - 2 vertebral bodies and intervertebral disc paces.<br>Code 52310 (CT) complete study - an extensive study of the thoracic spine.<br>Code 52330 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added). | | | - | - | | |
| 52100 | X-ray of the thoracic spine, one or two views | | | - | - | 3.21 | 645.95 |
| 52110 | X-ray of the thoracic spine, more than two views | | | - | - | 4.00 | 804.92 |
| 52120 | X-ray tomography thoracic spine | | | - | - | 4.30 | 865.29 |
| 52140 | X-ray of the thoracic spine, more that two views including stress views | | | - | - | 6.64 | 1 336.17 |
| 52150 | X-ray myelography of the thoracic spine | | | - | - | 18.62 | 3 746.90 |
| 52300 | CT of the thoracic spine limited study | | | - | - | 9.50 | 1 911.69 |
| 52305 | CT of the thoracic spine – regional study | | | - | - | 13.91 | 2 799.11 |
| 52310 | CT of the thoracic spine complete study | | | - | - | 35.78 | 7 200.01 |
| 52320 | CT of the thoracic spine pre and post contrast | | | - | - | 58.85 | 11 842.39 |
| 52330 | CT myelography of the thoracic spine | | | - | - | 48.09 | 9 677.15 |
| 52340 | CT myelography of the thoracic spine following myelogram | | | - | - | 20.37 | 4 099.06 |
| 52400 | MR of the thoracic spine, limited study | | | - | - | 46.60 | 9 377.32 |
| 52410 | MR of the thoracic spine | | | - | - | 64.34 | 12 947.14 |
| 52420 | MR of the thoracic spine pre and post contrast | | | - | - | 101.42 | 20 408.75 |
| 52900 | Nuclear Medicine study – Bone regional dorsal | | | 21.50 | 4 326.45 | - | - |
| 52910 | Nuclear Medicine study – Bone tomography regional dorsal | | | 13.41 | 2 698.49 | - | - |
| 52920 | Nuclear Medicine study – with flow | | | 6.02 | 1 211.40 | - | - |
| | **Lumbar**<br>Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography).<br>Code 53140 (tomography) may be combined with 53110 or 53120 (spine).<br>Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).<br>Code 53300 (CT) limited study – limited to a single lumbar vertebral body.<br>Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.<br>Code 53320 (CT) complete study - an extensive study of the lumbar spine.<br>Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added). | | | - | - | | |
| 53100 | X-ray of the lumbar spine – stress study only | | | - | - | 4.14 | 833.09 |
| 53110 | X-ray of the lumbar spine, one or two views | | | - | - | 3.56 | 716.38 |
| 53120 | X-ray of the lumbar spine, more than two views | | | - | - | 4.46 | 897.49 |
| 53130 | X-ray of the lumbar spine, more that two views including stress views | | | - | - | 7.52 | 1 513.25 |
| 53140 | X-ray tomography lumbar spine | | | - | - | 4.30 | 865.29 |
| 53160 | X-ray myelography of the lumbar spine | | | - | - | 23.94 | 4 817.45 |
| 53170 | X-ray discography lumbar spine per level | | | - | - | 25.17 | 5 064.96 |
| 53300 | CT of the lumbar spine limited study | | | - | - | 9.50 | 1 911.69 |
| 53310 | CT of the lumbar spine – regional study | | | - | - | 13.91 | 2 799.11 |
| 53320 | Ct of the lumbar spine complete study | | | - | - | 37.64 | 7 574.30 |
| 53330 | CT of the lumbar spine pre and post contrast | | | - | - | 58.85 | 11 842.39 |
| 53340 | CT myelography of the lumbar spine | | | - | - | 49.11 | 9 882.41 |
| 53350 | CT myelography of the lumbar spine following myelogram | | | - | - | 23.46 | 4 720.86 |
| 53400 | MR of the lumbar spine, limited study | | | - | - | 46.20 | 9 296.83 |
| 53410 | MR of the lumbar spine | | | - | - | 64.32 | 12 943.11 |
| 53420 | MR of the lumbar spine pre and post contrast | | | - | - | 103.29 | 20 785.05 |
| 53900 | Nuclear medicine study – Bone regional lumbar | | | 21.50 | 4 326.45 | | |

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| 53910 | Nuclear medicine study – Bone tomography regional lumbar | | | 13.41 | 2 698.49 | | |
| 53920 | Nuclear medicine study – with flow | | | 6.02 | 1 211.40 | | |
| | **Sacrum** | | | - | - | | |
| | Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints).<br>Code 54300 (CT) limited study - limited to single sacral vertebral body.<br>Code 54310 (CT) complete study - an extensive study of the sacral spine. | | | - | - | | |
| 54100 | X-ray of the sacrum and coccyx | | | - | - | 3.58 | 720.40 |
| 54110 | X-ray of the sacro-iliac joints | | | - | - | 4.10 | 825.04 |
| 54120 | X-ray tomography – sacrum and/or coccyx | | | - | - | 4.30 | 865.29 |
| 54300 | CT of the sacrum – limited study | | | - | - | 7.60 | 1 529.36 |
| 54310 | CT of the sacrum – complete study – uncontrasted | | | - | - | 25.61 | 5 153.50 |
| 54320 | CT of the sacrum with contrast | | | - | - | 46.93 | 9 443.72 |
| 54330 | CT of the sacrum pre and post contrast | | | - | - | 52.97 | 10 659.15 |
| 54400 | MR of the sacrum | | | - | - | 65.00 | 13 079.95 |
| 54410 | MR of the sacrum pre and post contrast | | | - | - | 101.04 | 20 332.28 |
| | **Pelvis** | | | - | - | | |
| | Codes 55110 (tomography) and 55100 (pelvis) may be combined.<br>Code 55300 (CT) limited study – limited to a small region of interest of the pelvis eg. ascetabular roof or pubic ramus. | | | - | - | | |
| 55100 | X-ray of the pelvis | | | - | - | 3.66 | 736.50 |
| 55110 | X-ray tomography – pelvis | | | - | - | 4.30 | 865.29 |
| 55300 | CT of the bony pelvis limited | | | - | - | 9.50 | 1 911.69 |
| 55310 | CT of the bony pelvis complete uncontrasted | | | - | - | 25.61 | 5 153.50 |
| 55320 | CT of the bony pelvis complete 3D recon | | | - | - | 37.47 | 7 540.09 |
| 55330 | CT of the bony pelvis with contrast | | | - | - | 46.93 | 9 443.72 |
| 55340 | CT of the bony pelvis – pre and post contrast | | | - | - | 52.97 | 10 659.15 |
| 55400 | MR of the bony pelvis | | | - | - | 65.00 | 13 079.95 |
| 55410 | MR of the bony pelvis pre and post contrast | | | - | - | 102.24 | 20 573.76 |
| 55900 | Nuclear medicine study – Bone regional pelvis | | | 21.50 | 4 326.45 | | |
| 55910 | Nuclear medicine study – Bone tomography regional pelvis | | | 13.41 | 2 698.49 | | |
| 55920 | Nuclear medicine study – with flow | | | 6.02 | 1 211.40 | | |
| | **Hips** | | | - | - | | |
| | Code 56130 (tomography) may be combined with 56100 or 56110 or 56120 (hip).<br>Code 56140 (stress) may be combined with 56100 or 56110 or 56120 (hip).<br>Code 56150 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).<br>Code 56160 (introduction of contrast into hip joint) to be used with 56310 (CT hip) and 56410 (MR hip) and includes fluoroscopy. The combination of 56150 and 56310 and 56410 is not supported except in exceptional circumstances with motivation.<br>Code 56300 (CT) study limited to small region of interest eg part of femur head. | | | - | - | | |
| 56100 | X-ray of the left hip | | | - | - | 3.18 | 639.91 |
| 56110 | X-ray of the right hip | | | - | - | 3.18 | 639.91 |
| 56120 | X-ray pelvis and hips | | | - | - | 6.02 | 1 211.40 |
| 56130 | X-ray tomography – hip | | | - | - | 4.30 | 865.29 |
| 56140 | X-ray of the hip/s – stress study | | | - | - | 4.38 | 881.39 |
| 56150 | X-ray arthrography of the hip joint including introduction contrast | | | - | - | 15.75 | 3 169.37 |
| 56160 | X-ray guidance and introduction of contrast into hip joint only | | | - | - | 7.41 | 1 491.11 |
| 56200 | Ultrasound of the hip joints | | | - | - | 6.50 | 1 308.00 |
| 56300 | CT of hip – limited | | | - | - | 9.50 | 1 911.69 |
| 56310 | CT of hip – complete | | | - | - | 27.37 | 5 507.67 |
| 56320 | CT of hip – complete with 3D recon | | | - | - | 39.78 | 8 004.93 |
| 56330 | CT of hip with contrast | | | - | - | 43.26 | 8 705.21 |
| 56340 | CT of hip pre and post contrast | | | - | - | 47.88 | 9 634.89 |
| 56400 | MR of the hip joint/s, limited study | | | - | - | 44.90 | 9 035.23 |
| 56410 | MR of the hip joint/s | | | - | - | 64.10 | 12 898.84 |
| 56420 | MR of the hip joint/s, pre and post contrast | | | - | - | 101.64 | 20 453.02 |

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| 56900 | Nuclear medicine study – Bone regional pelvis | | | 21.50 | 4 326.45 | | |
| 56910 | Nuclear medicine study – Bone limited static plus flow | | | 27.53 | 5 539.86 | | |
| 56920 | Nuclear medicine study – Bone tomography regional | | | 13.41 | 2 698.49 | | |
| | **Upper limbs** | | | - | - | | |
| | **General** | | | - | - | | |
| | Code 60100 (stress only) is a stand alone study and may not be combined with other codes.<br>Code 60110 (tomography) may be combined with any one of the defined regional x-ray studies of the upper limb. Motivation may be required for more than one regional tomographic study per visit.<br>Code 60200 (U/S) may only be used once per visit.<br>Code 60300 (CT) limited study – limited to a small region of interest eg. part of humeral head.<br>Code 60400 (MR limited) may only be used once per visit. | | | - | - | | |
| 60100 | X-ray upper limbs - any region - stress studies only | | | - | - | 4.52 | 909.56 |
| 60110 | X-ray upper limbs - any region – tomography | | | - | - | 4.30 | 865.29 |
| 60200 | Ultrasound upper limb – soft tissue - any region | | | - | - | 7.38 | 1 485.08 |
| 60210 | Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler | | | - | - | 13.64 | 2 744.78 |
| 60220 | Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler | | | - | - | 13.64 | 2 744.78 |
| 60230 | Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis | | | | | 12.54 | 2 426.36 |
| 60240 | Ultrasound peripheral venous system upper limbs including pulse and colour doppler | | | - | - | 17.26 | 3 473.23 |
| 60300 | CT of the upper limbs limited study | | | - | - | 9.50 | 1 911.69 |
| 60310 | CT angiography of the upper limb | | | - | - | 78.28 | 15 752.28 |
| 60400 | MR of the upper limbs limited study, any region | | | - | - | 44.80 | 9 015.10 |
| 60410 | MR angiography of the upper limb | | | - | - | 74.66 | 15 023.83 |
| 60500 | Arteriogram of subclavian, upper limb arteries alone, unilateral | | | - | - | 45.67 | 9 190.17 |
| 60510 | Arteriogram of subclavian, upper limb arteries alone, bilateral | | | - | - | 82.67 | 16 635.68 |
| 60520 | Arteriogram of aortic arch, subclavian, upper limb, unilateral | | | - | - | 56.75 | 11 419.80 |
| 60530 | Arteriogram of aortic arch, subclavian, upper limb, bilateral | | | - | - | 88.11 | 17 730.38 |
| 60540 | Venography, antegrade of upper limb veins, unilateral | | | - | - | 26.12 | 5 256.13 |
| 60550 | Venography, antegrade of upper limb veins, bilateral | | | - | - | 49.43 | 9 946.80 |
| 60560 | Venography, retrograde of upper limb veins, unilateral | | | - | - | 31.01 | 6 240.14 |
| 60570 | Venography, retrograde of upper limb veins, bilateral | | | - | - | 54.81 | 11 029.42 |
| 60580 | Venography, shuntogram, dialysis access shunt | | | - | - | 23.79 | 4 787.26 |
| 60900 | Nuclear medicine study – Venogram upper limb | | | 37.12 | 7 469.66 | | |
| | **Shoulder** | | | - | - | | |
| | Code 61160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).<br>Code 61170 (introduction of contrast into the shoulder joint) may be combined with 61300 and 61305 (CT), or 61400 and 61405 (MR). The combination of 61160 (arthrography) and 61300 and 61305 (CT) or 61400 and 61405 (MR) is not supported except in exceptional circumstances with motivation. | | | - | - | | |
| 61100 | X-ray of the left clavicle | | | - | - | 3.04 | 611.74 |
| 61105 | X-ray of the right clavicle | | | - | - | 3.04 | 611.74 |
| 61110 | X-ray of the left scapula | | | - | - | 3.04 | 611.74 |
| 61115 | X-ray of the right scapula | | | - | - | 3.04 | 611.74 |
| 61120 | X-ray of the left acromio-clavicular joint | | | - | - | 3.14 | 631.86 |
| 61125 | X-ray of the right acromio-clavicular joint | | | - | - | 3.14 | 631.86 |
| 61128 | X-ray of acromio-clavicular joints plus stress studies bilateral | | | - | - | 7.68 | 1 545.45 |
| 61130 | X-ray of the left shoulder | | | - | - | 3.48 | 700.28 |
| 61135 | X-ray of the right shoulder | | | - | - | 3.48 | 700.28 |
| 61140 | X-ray of the left shoulder plus subacromial impingement views | | | - | - | 5.92 | 1 191.28 |
| 61145 | X-ray of the right shoulder plus subacromial impingement views | | | - | - | 5.92 | 1 191.28 |
| 61150 | X-ray of the left subacromial impingement views only | | | - | - | 3.24 | 651.99 |
| 61155 | X-ray of the right subacromial impingement views only | | | - | - | 3.24 | 651.99 |
| 61160 | X-ray arthrography shoulder joint including introduction of contrast | | | - | - | 15.83 | 3 186.47 |
| 61170 | X-ray guidance and introduction of contrast into shoulder joint only | | | - | - | 7.41 | 1 491.11 |
| 61200 | Ultrasound of the left shoulder joint | | | - | - | 6.50 | 1 308.00 |

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| 61210 | Ultrasound of the right shoulder joint | | | - | - | 6.50 | 1 308.00 |
| 61300 | CT of the left shoulder joint – uncontrasted | | | - | - | 24.36 | 4 901.96 |
| 61305 | CT of the right shoulder joint – uncontrasted | | | - | - | 24.36 | 4 901.96 |
| 61310 | CT of the left shoulder – complete with 3D recon | | | - | - | 37.66 | 7 578.32 |
| 61315 | CT of the right shoulder – complete with 3D recon | | | - | - | 37.66 | 7 578.32 |
| 61320 | CT of the left shoulder joint - pre and post contrast | | | - | - | 48.63 | 9 785.81 |
| 61325 | CT of the right shoulder joint - pre and post contrast | | | - | - | 48.63 | 9 785.81 |
| 61400 | MR of the left shoulder | | | - | - | 64.64 | 13 007.51 |
| 61405 | MR of the right shoulder | | | - | - | 64.64 | 13 007.51 |
| 61410 | MR of the left shoulder pre and post contrast | | | - | - | 101.04 | 20 332.28 |
| 61415 | MR of the right shoulder pre and post contrast | | | - | - | 101.04 | 20 332.28 |
| | **Humerus** | | | - | - | | |
| 62100 | X-ray of the left humerus | | | - | - | 2.94 | 591.62 |
| 62105 | X-ray of the right humerus | | | - | - | 2.94 | 591.62 |
| 62300 | CT of the left upper arm | | | - | - | 24.36 | 4 901.96 |
| 62305 | CT of the right upper arm | | | - | - | 24.36 | 4 901.96 |
| 62310 | CT of the left upper arm contrasted | | | - | - | 39.97 | 8 043.16 |
| 62315 | CT of the right upper arm contrasted | | | - | - | 39.97 | 8 043.16 |
| 62320 | CT of the left upper arm pre and post contrast | | | - | - | 48.58 | 9 775.75 |
| 62325 | CT of the right upper arm pre and post contrast | | | - | - | 48.58 | 9 775.75 |
| 62400 | MR of the left upper arm | | | - | - | 64.20 | 12 918.97 |
| 62405 | MR of the right upper arm | | | - | - | 64.20 | 12 918.97 |
| 62410 | MR of the left upper arm pre and post contrast | | | - | - | 102.04 | 20 533.51 |
| 62415 | MR of the right upper arm pre and post contrast | | | - | - | 102.04 | 20 533.51 |
| 62900 | Nuclear medicine study – Bone limited/regional static | | | 21.50 | 4 326.45 | | |
| 62905 | Nuclear medicine study – Bone limited static plus flow | | | 27.53 | 5 539.86 | | |
| 62910 | Nuclear medicine study – Bone tomography regional | | | 13.41 | 2 698.49 | | |
| | **Elbow**<br><br>Code 63120 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).<br>Code 63130 (introduction of contrast) may be combined with 63300 and 63305 (CT) or 63400 and 63405 (MR). The combination of 63120 (arthrography) and 63300 and 63305 or 63400 and 63405 (MR) is not supported except in exceptional circumstances with motivation. | | | -<br><br>- | -<br><br>- | | |
| 63100 | X-ray of the left elbow | | | - | - | 3.14 | 631.86 |
| 63105 | X-ray of the right elbow | | | - | - | 3.14 | 631.86 |
| 63110 | X-ray of the left elbow with stress | | | - | - | 4.34 | 873.34 |
| 63115 | X-ray of the right elbow with stress | | | - | - | 4.34 | 873.34 |
| 63120 | X-ray arthrography elbow joint including introduction of contrast | | | - | - | 15.89 | 3 197.54 |
| 63130 | X-ray guidance and introduction of contrast into elbow joint only | | | - | - | 7.41 | 1 491.11 |
| 63200 | Ultrasound of the left elbow joint | | | - | - | 6.50 | 1 308.00 |
| 63205 | Ultrasound of the right elbow joint | | | - | - | 6.50 | 1 308.00 |
| 63300 | CT of the left elbow | | | - | - | 24.36 | 4 901.96 |
| 63305 | CT of the right elbow | | | - | - | 24.36 | 4 901.96 |
| 63310 | CT of the left elbow – complete with 3D recon | | | - | - | 37.66 | 7 578.32 |
| 63315 | CT of the right elbow – complete with 3D recon | | | - | - | 37.66 | 7 578.32 |
| 63320 | CT of the left elbow contrasted | | | - | - | 39.97 | 8 043.16 |
| 63325 | CT of the right elbow contrasted | | | - | - | 39.97 | 8 043.16 |
| 63330 | CT of the left elbow pre and post contrast | | | - | - | 48.63 | 9 785.81 |
| 63335 | CT of the right elbow pre and post contrast | | | - | - | 48.63 | 9 785.81 |
| 63400 | MR of the left elbow | | | - | - | 64.64 | 13 007.51 |
| 63405 | MR of the right elbow | | | - | - | 64.64 | 13 007.51 |
| 63410 | MR of the left elbow pre and post contrast | | | - | - | 101.04 | 20 332.28 |
| 63415 | MR of the right elbow pre and post contrast | | | - | - | 101.04 | 20 332.28 |
| 63905 | Nuclear medicine study – Bone limited/regional static | | | 21.50 | 4 326.45 | | |
| 63910 | Nuclear medicine study – Bone limited static plus flow | | | 27.53 | 5 539.86 | | |
| 63915 | Nuclear medicine study – Bone tomography regional | | | 13.41 | 2 698.49 | | |
| | **Forearm** | | | - | - | | |
| 64100 | X-ray of the left forearm | | | - | - | 2.94 | 591.62 |

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| 64105 | X-ray of the right forearm | | | - | - | 2.94 | 591.62 |
| 64110 | X-ray peripheral bone densitometry | | | - | - | 1.96 | 394.41 |
| 64300 | CT of the left forearm | | | - | - | 24.36 | 4 901.96 |
| 64305 | CT of the right forearm | | | - | - | 24.36 | 4 901.96 |
| 64310 | CT of the left forearm contrasted | | | - | - | 39.97 | 8 043.16 |
| 64315 | CT of the right forearm contrasted | | | - | - | 39.97 | 8 043.16 |
| 64320 | CT of the left forearm pre and post contrast | | | - | - | 48.58 | 9 775.75 |
| 64325 | CT of the right forearm pre and post contrast | | | - | - | 48.58 | 9 775.75 |
| 64400 | MR of the left forearm | | | - | - | 64.20 | 12 918.97 |
| 64405 | MR of the right forearm | | | - | - | 64.20 | 12 918.97 |
| 64410 | MR of the left forearm pre and post contrast | | | - | - | 98.04 | 19 728.59 |
| 64415 | MR of the right forearm pre and post contrast | | | - | - | 98.04 | 19 728.59 |
| 64900 | Nuclear medicine study – Bone limited/regional static | | | 21.50 | 4 326.45 | | |
| 64905 | Nuclear medicine study – Bone limited static plus flow | | | 27.53 | 5 539.86 | | |
| 64910 | Nuclear medicine study – Bone tomography regional | | | 13.41 | 2 698.49 | | |
| | **Hand and Wrist** | | | - | - | | |
| | Code 65120 (finger) may not be combined with 65100 or 65105 (hands).<br>Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done.<br>Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added).<br>Code 65170 (contrast) may be combined with 65300 and 65305 (CT) or 65400 and 65405 (MR). The combination of 65160 (arthrography) and 65300 and 65305 or 65400 and 65405 is not supported except in exceptional circumstances with motivation. | | | - | - | | |
| 65100 | X-ray of the left hand | | | - | - | 3.08 | 619.79 |
| 65105 | X-ray of the right hand | | | - | - | 3.08 | 619.79 |
| 65110 | X-ray of the left hand – bone age | | | - | - | 3.08 | 619.79 |
| 65120 | X-ray of a finger | | | - | - | 2.67 | 537.28 |
| 65130 | X-ray of the left wrist | | | - | - | 3.18 | 639.91 |
| 65135 | X-ray of the right wrist | | | - | - | 3.18 | 639.91 |
| 65140 | X-ray of the left scaphoid | | | - | - | 3.30 | 664.06 |
| 65145 | X-ray of the right scaphoid | | | - | - | 3.30 | 664.06 |
| 65150 | X-ray of the left wrist, scaphoid and stress views | | | - | - | 7.56 | 1 521.30 |
| 65155 | X-ray of the right wrist, scaphoid and stress views | | | - | - | 7.56 | 1 521.30 |
| 65160 | X-ray arthrography wrist joint including introduction of contrast | | | - | - | 15.93 | 3 205.59 |
| 65170 | X-ray guidance and introduction of contrast into wrist joint only | | | - | - | 7.41 | 1 491.11 |
| 65200 | Ultrasound of the left wrist | | | - | - | 6.50 | 1 308.00 |
| 65210 | Ultrasound of the right wrist | | | - | - | 6.50 | 1 308.00 |
| 65300 | CT of the left wrist and hand | | | - | - | 24.36 | 4 901.96 |
| 65305 | CT of the right wrist and hand | | | - | - | 24.36 | 4 901.96 |
| 65310 | CT of the left wrist and hand - complete with 3D recon | | | - | - | 37.66 | 7 578.32 |
| 65315 | CT of the right wrist and hand - complete with 3D recon | | | - | - | 37.66 | 7 578.32 |
| 65320 | CT of the left wrist and hand contrasted | | | - | - | 39.97 | 8 043.16 |
| 65325 | CT of the right wrist and hand contrasted | | | - | - | 39.97 | 8 043.16 |
| 65330 | CT of the left wrist and hand pre and post contrast | | | - | - | 48.63 | 9 785.81 |
| 65335 | CT of the right wrist and hand pre and post contrast | | | - | - | 48.63 | 9 785.81 |
| 65400 | MR of the left wrist and hand | | | - | - | 64.64 | 13 007.61 |
| 65405 | MR of the right wrist and hand | | | - | - | 64.64 | 13 007.61 |
| 65410 | MR of the left wrist and hand pre and post contrast | | | - | - | 101.04 | 20 332.28 |
| 65415 | MR of the right wrist and hand pre and post contrast | | | - | - | 101.04 | 20 332.28 |
| 65900 | Nuclear Medicine study – bone limited/regional static | | | 21.50 | 4 326.45 | - | - |
| 65905 | Nuclear Medicine study – bone limited static plus flow | | | 27.53 | 5 539.86 | - | - |
| 65910 | Nuclear Medicine study – bone tomography regional | | | 13.41 | 2 698.49 | - | - |
| | **Soft Tissue** | | | | | - | - |
| 69900 | Nuclear medicine study – Tumour localisation planar, static | | | 20.74 | 4 173.51 | - | - |
| 69905 | Nuclear medicine study – Tumour localisation planar, static, multiple studies | | | 35.17 | 7 077.26 | - | - |
| 69910 | Nuclear medicine study – Tumour localisation planar, static and SPECT | | | 34.15 | 6 872.00 | - | - |
| 69915 | Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT | | | 47.56 | 9 570.60 | - | - |

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| 69920 | Nuclear medicine study – Infection localisation planar, static | | | 18.04 | 3 630.19 | - | - |
| 69925 | Nuclear medicine study – Infection localisation planar, static, multiple studies | | | 31.45 | 6 328.68 | - | - |
| 69930 | Nuclear medicine study – Infection localisation planar, static and SPECT | | | 31.45 | 6 328.68 | - | - |
| 69935 | Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT | | | 44.86 | 9 027.18 | - | - |
| 69940 | Nuclear medicine study – Regional lymph node mapping dynamic | | | 6.02 | 1 211.40 | - | - |
| 69945 | Nuclear medicine study – Regional lymph node mapping, static, planar | | | 24.10 | 4 849.64 | - | - |
| 69950 | Nuclear medicine study – Regional lymph node mapping, static, planar, multiple | | | 37.51 | 7 548.14 | - | - |
| 69955 | Nuclear medicine study – Regional lymph node mapping SPECT | | | 13.41 | 2 698.49 | - | - |
| 69960 | Nuclear medicine study – Lymph node localisation with gamma probe | | | 13.41 | 2 698.49 | - | - |
| | **Lower Limbs** | | | - | - | | |
| | **General** | | | - | - | | |
| | Code 70100 (stress) is a stand alone study and may not be combined with other codes.<br>Code 70110 (tomography) may be combined with any one of the defined regional x-ray studies of the lower limb. Motivation may be required for more than one regional tomographic study per visit.<br>Code 70200 (U/S) may only be billed once per visit.<br>Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee.<br>Codes 70310 and 70320 (CT angiography) may not be combined.<br>Code 70400 (MR limited) may only be used once per visit.<br>Code 70410 and 70420 (MR angiography) may not be combined. | | | - | - | | |
| 70100 | X-ray lower limbs - any region- stress studies only | | | - | - | 4.52 | 909.56 |
| 70110 | X-ray lower limbs - any region-tomography | | | - | - | 4.30 | 865.29 |
| 70120 | X-ray of the lower limbs full length study | | | - | - | 6.46 | 1 299.96 |
| 70200 | Ultrasound lower limb – soft tissue - any region | | | - | - | 7.38 | 1 485.08 |
| 70210 | Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler | | | - | - | 13.64 | 2 744.78 |
| 70220 | Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler | | | - | - | 13.64 | 2 744.78 |
| 70230 | Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis | | | - | - | 13.64 | 2 744.78 |
| 70240 | Ultrasound peripheral venous system lower limbs including pulse and colour doppler in erect and supine position including all compression and reflux manoeuvres, deep and superficial systems bilaterally | | | - | - | 19.66 | 3 956.18 |
| 70300 | CT of the lower limbs limited study | | | - | - | 9.50 | 1 911.69 |
| 70310 | CT angiography of the lower limb | | | - | - | 79.43 | 15 983.70 |
| 70320 | CT angiography abdominal aorta and outflow lower limbs | | | - | - | 98.34 | 19 788.96 |
| 70400 | MR of the lower limbs limited study | | | - | - | 46.40 | 9 337.07 |
| 70410 | MR angiography of the lower limb | | | - | - | 76.66 | 15 426.29 |
| 70420 | MR angiography of the abdominal aorta and lower limbs | | | - | - | 118.86 | 23 918.20 |
| 70500 | Angiography of pelvic and lower limb arteries unilateral | | | - | - | 40.59 | 8 167.93 |
| 70505 | Angiography of pelvic and lower limb arteries bilateral | | | - | - | 75.92 | 15 277.38 |
| 70510 | Angiography of abdominal aorta, pelvic and lower limb vessels unilateral | | | - | - | 61.23 | 12 321.31 |
| 70515 | Angiography of abdominal aorta, pelvic and lower limb vessels bilateral | | | - | - | 85.66 | 17 237.36 |
| 70520 | Angiography translumbar aorta with full peripheral study | | | - | - | 45.68 | 9 192.19 |
| 70530 | Venography, antegrade of lower limb veins, unilateral | | | - | - | 25.46 | 5 123.32 |
| 70535 | Venography, antegrade of lower limb veins, bilateral | | | - | - | 49.43 | 9 946.80 |
| 70540 | Venography, retrograde of lower limb veins, unilateral | | | - | - | 31.17 | 6 272.34 |
| 70545 | Venography, retrograde of lower limb veins, bilateral | | | - | - | 56.79 | 11 427.85 |
| 70560 | Lymphangiography, lower limb, unilateral | | | - | - | 51.04 | 10 270.78 |
| 70565 | Lymphangiography, lower limb, bilateral | | | - | - | 83.97 | 16 897.28 |
| 70900 | Nuclear medicine study – Venogram lower limb | | | 37.12 | 7 469.66 | | |
| | **Femur** | | | - | - | | |
| 71100 | X-ray of the left femur | | | - | - | 2.94 | 591.62 |
| 71105 | X-ray of the right femur | | | - | - | 2.94 | 591.62 |
| 71300 | CT of the left femur | | | - | - | 24.52 | 4 934.16 |

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| 71305 | CT of the right femur | | | - | - | 24.52 | 4 934.16 |
| 71310 | CT of the left upper leg contrasted | | | - | - | 41.83 | 8 417.45 |
| 71315 | CT of the right upper leg contrasted | | | - | - | 41.83 | 8 417.45 |
| 71320 | CT of the left upper leg pre and post contrast | | | - | - | 49.71 | 10 003.14 |
| 71325 | CT of the right upper leg pre and post contrast | | | - | - | 49.71 | 10 003.14 |
| 71400 | MR of the left upper leg | | | - | - | 64.80 | 13 039.70 |
| 71405 | MR of the right upper leg | | | - | - | 64.80 | 13 039.70 |
| 71410 | MR of the left upper leg pre and post contrast | | | - | - | 102.04 | 20 533.51 |
| 71415 | MR of the right upper leg pre and post contrast | | | - | - | 102.04 | 20 533.51 |
| 71900 | Nuclear Medicine study – bone limited/regional static | | | 21.50 | 4 326.45 | | |
| 71905 | Nuclear Medicine study – Bone limited static plus flow | | | 27.53 | 5 539.86 | | |
| 71910 | Nuclear Medicine study – Bone tomography regional | | | 13.41 | 2 698.49 | | |
| | **Knee** | | | - | - | | |
| | Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views)<br>Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).<br>Code 72170 (introduction of contrast) may be combined with 72300 and 72305 (CT) or 72400 and 72405 (MR). The combination of 72160 (arthrography) and 72300 and 72305 (CT) or 72400 and 72405 (MR) is not supported except in exceptional circumstances with motivation. | | | - | - | | |
| 72100 | X-ray of the left knee one or two views | | | - | - | 2.77 | 557.41 |
| 72105 | X-ray of the right knee one or two views | | | - | - | 2.77 | 557.41 |
| 72110 | X-ray of the left knee, more than two views | | | - | - | 3.32 | 668.08 |
| 72115 | X-ray of the right knee, more than two views | | | - | - | 3.32 | 668.08 |
| 72120 | X-ray of the left knee including patella | | | - | - | 4.62 | 929.68 |
| 72125 | X-ray of the right knee including patella | | | - | - | 4.62 | 929.68 |
| 72130 | X-ray of the left knee with stress views | | | - | - | 5.82 | 1 171.16 |
| 72135 | X-ray of the right knee with stress views | | | - | - | 5.82 | 1 171.16 |
| 72140 | X-ray of left patella | | | - | - | 2.77 | 557.41 |
| 72145 | X-ray of right patella | | | - | - | 2.77 | 557.41 |
| 72150 | X-ray both knees standing – single view | | | - | - | 2.80 | 563.44 |
| 72160 | X-ray arthrography knee joint including introduction of contrast | | | - | - | 15.81 | 3 181.45 |
| 72170 | X-ray guidance and introduction of contrast into knee joint only | | | - | - | 7.41 | 1 491.11 |
| 72200 | Ultrasound of the left knee joint | | | - | - | 6.50 | 1 308.00 |
| 72205 | Ultrasound of the right knee joint | | | - | - | 6.50 | 1 308.00 |
| 72300 | CT of the left knee | | | - | - | 24.52 | 4 934.16 |
| 72305 | CT of the right knee | | | - | - | 24.52 | 4 934.16 |
| 72310 | CT of the left knee complete study with 3D reconstructions | | | - | - | 35.93 | 7 230.19 |
| 72315 | CT of the right knee complete study with 3D reconstructions | | | - | - | 35.93 | 7 230.19 |
| 72320 | CT of the left knee contrasted | | | - | - | 41.83 | 8 417.45 |
| 72325 | CT of the right knee contrasted | | | - | - | 41.83 | 8 417.45 |
| 72330 | CT of the left knee pre and post contrast | | | - | - | 49.76 | 10 013.20 |
| 72335 | CT of the right knee pre and post contrast | | | - | - | 49.76 | 10 013.20 |
| 72400 | MR of the left knee | | | - | - | 64.10 | 12 898.84 |
| 72405 | MR of the right knee | | | - | - | 64.10 | 12 898.84 |
| 72410 | MR of the left knee pre and post contrast | | | - | - | 100.84 | 20 292.03 |
| 72415 | MR of the right knee pre and post contrast | | | - | - | 100.84 | 20 292.03 |
| 72900 | Nuclear Medicine study – Bone limited/regional static | | | 21.50 | 4 326.45 | | |
| 72905 | Nuclear Medicine study – Bone limited static plus flow | | | 27.53 | 5 539.86 | | |
| 72910 | Nuclear Medicine study – Bone tomography regional | | | 13.41 | 2 698.49 | | |
| | **Lower Leg** | | | - | - | | |
| 73100 | X-ray of the left lower leg | | | - | - | 2.94 | 591.62 |
| 73105 | X-ray of the right lower leg | | | - | - | 2.94 | 591.62 |
| 73300 | CT of the left lower leg | | | - | - | 24.52 | 4 934.16 |
| 73305 | CT of the right lower leg | | | - | - | 24.52 | 4 934.16 |
| 73310 | CT of the left lower leg contrasted | | | - | - | 41.83 | 8 417.45 |
| 73315 | CT of the right lower leg contrasted | | | - | - | 41.83 | 8 417.45 |
| 73320 | CT of the left lower leg pre and post contrast | | | - | - | 49.71 | 10 003.14 |
| 73325 | CT of the right lower leg pre and post contrast | | | - | - | 49.71 | 10 003.14 |
| 73400 | MR of the left lower leg | | | - | - | 64.20 | 12 918.97 |

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| 73405 | MR of the right lower leg | | | - | - | 64.20 | 12 918.97 |
| 73410 | MR of the left lower leg pre and post contrast | | | - | - | 102.04 | 20 533.51 |
| 73415 | MR of the right lower leg pre and post contrast | | | - | - | 102.04 | 20 533.51 |
| 73900 | Nuclear Medicine study – bone limited/regional static | | | 21.50 | 4 326.45 | | |
| 73905 | Nuclear Medicine study – bone limited static plus flow | | | 27.53 | 5 539.86 | | |
| 73910 | Nuclear Medicine study – bone tomography regional | | | 13.41 | 2 698.49 | | |
| | **Ankle and Foot** | | | - | - | | |
| | Code 74145 (toe) may not be combined with 74120 or 74125 (foot).<br>Code 71450 (sesamoid bones) may be combined with 74120 or 74125 (foot) if requested.<br>Codes 74120 and 74125 (foot) may only be combined with 74130 and 74135 (calcaneus) if specifically requested.<br>Code 74160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).<br>Code 74170 (introduction of contrast) may be combined with 74300 and 74305 (CT) or 74400 and 74405 (MR). The combination of 74160 (arthrography) and 74300 and 74305 (CT) or 74400 and 74405 (MR) are not supported except in exceptional circumstances with motivation. | | | - | - | | |
| 74100 | X-ray of the left ankle | | | - | - | 3.32 | 668.08 |
| 74105 | X-ray of the right ankle | | | - | - | 3.32 | 668.08 |
| 74110 | X-ray of the left ankle with stress views | | | - | - | 4.52 | 909.56 |
| 74115 | X-ray of the right ankle with stress views | | | - | - | 4.52 | 909.56 |
| 74120 | X-ray of the left foot | | | - | - | 2.80 | 563.44 |
| 74125 | X-ray of the right foot | | | - | - | 2.80 | 563.44 |
| 74130 | X-ray of the left calcaneus | | | - | - | 2.74 | 551.37 |
| 74135 | X-ray of the right calcaneus | | | - | - | 2.74 | 551.37 |
| 74140 | X-ray of both feet – standing – single view | | | - | - | 2.80 | 563.44 |
| 74145 | X-ray of a toe | | | - | - | 2.67 | 537.28 |
| 74150 | X-ray of the sesamoid bones one or both sides | | | - | - | 2.80 | 563.44 |
| 74160 | X-ray arthrography ankle joint including introduction of contrast | | | - | - | 15.91 | 3 201.57 |
| 74170 | X-ray guidance and introduction of contrast into ankle joint | | | - | - | 7.41 | 1 491.11 |
| 74210 | Ultrasound of the left ankle | | | - | - | 6.50 | 1 308.00 |
| 74215 | Ultrasound of the right ankle | | | - | - | 6.50 | 1 308.00 |
| 74220 | Ultrasound of the left foot | | | - | - | 6.50 | 1 308.00 |
| 74225 | Ultrasound of the right foot | | | - | - | 6.50 | 1 308.00 |
| 74290 | Ultrasound bone densitometry | | | - | - | 2.04 | 410.51 |
| 74300 | CT of the left ankle/foot | | | - | - | 24.52 | 4 934.16 |
| 74305 | CT of the right ankle/foot | | | - | - | 24.52 | 4 934.16 |
| 74310 | CT of the left ankle/foot – complete with 3D recon | | | - | - | 37.81 | 7 608.51 |
| 74315 | CT of the right ankle/foot – complete with 3D recon | | | - | - | 37.81 | 7 608.51 |
| 74320 | CT of the left ankle/foot contrasted | | | - | - | 41.83 | 8 417.45 |
| 74325 | CT of the right ankle/foot contrasted | | | - | - | 41.83 | 8 417.45 |
| 74330 | CT of the left ankle/foot pre and post contrast | | | - | - | 49.71 | 10 003.14 |
| 74335 | CT of the right ankle/foot pre and post contrast | | | - | - | 49.71 | 10 003.14 |
| 74400 | MR of the left ankle | | | - | - | 64.10 | 12 898.84 |
| 74405 | MR of the right ankle | | | - | - | 64.10 | 12 898.84 |
| 74410 | MR of the left ankle pre and post contrast | | | - | - | 100.64 | 20 251.79 |
| 74415 | MR of the right ankle pre and post contrast | | | - | - | 100.64 | 20 251.79 |
| 74420 | MR of the left foot | | | - | - | 64.20 | 12 918.97 |
| 74425 | MR of the right foot | | | - | - | 64.20 | 12 918.97 |
| 74430 | MR of the left foot pre and post contrast | | | - | - | 102.04 | 20 533.51 |
| 74435 | MR of the right foot pre and post contrast | | | - | - | 102.04 | 20 533.51 |
| 74900 | Nuclear Medicine study – Bone limited/regional static | | | 21.50 | 4 326.45 | | |
| 74905 | Nuclear Medicine study – Bone limited static plus flow | | | 27.53 | 5 539.86 | | |
| 74910 | Nuclear Medicine study – Bone tomography regional | | | 13.41 | 2 698.49 | | |
| | **Soft Tissue** | | | | | | |
| 79900 | Nuclear Medicine study – Tumour localisation planar, static | | | 20.74 | 4 173.51 | - | - |
| 79905 | Nuclear Medicine study – Tumour localisation planar, static, multiple studies | | | 35.17 | 7 077.26 | - | - |
| 79910 | Nuclear Medicine study – Tumour localisation planar, static and SPECT | | | 34.15 | 6 872.00 | - | - |
| 79915 | Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT | | | 47.56 | 9 570.50 | - | - |

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| 79920 | Nuclear Medicine study – Infection localisation planar, static | | | 18.43 | 3 708.67 | - | - |
| 79925 | Nuclear Medicine study – Infection localisation planar, static, multiple studies | | | 31.84 | 6 407.16 | - | - |
| 79930 | Nuclear Medicine study – Infection localisation planar, static and SPECT | | | 31.84 | 6 407.16 | - | - |
| 79935 | Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT | | | 45.25 | 9 105.66 | - | - |
| 79940 | Nuclear Medicine study – Regional lymph node mapping dynamic | | | 6.02 | 1 211.40 | - | - |
| 79945 | Nuclear Medicine study – Regional lymph node mapping, static, planar | | | 24.10 | 4 849.64 | - | - |
| 79950 | Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies | | | 37.51 | 7 548.14 | - | - |
| 79955 | Nuclear Medicine study – Regional lymph node mapping and SPECT | | | 13.41 | 2 698.49 | - | - |
| 79960 | Nuclear Medicine study – Lymph node localisation with gamma probe | | | 13.41 | 2 698.49 | - | - |
| | **Intervention** | | | | | | |
| | **General** | | | | | | |
| | Codes 80600, 80605, 80610, 80620, 80630, 81660, 81680, 82600, 84660, 85640, 85645, 86610, 86615, 86620, 86630, (aspiration / biopsy / ablations etc) may be combined with the relevant guidance codes (fluoroscopy, ultrasound, CT, MR) as previously described. The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be combined with these codes. If ultrasound guidance (00230) is used for a procedure which also attracts one of the machine codes (00510, 00520, 00530, 00540, 00550, 00560), it may not be billed for separately. Codes 80640, 80645, 87682, 87683 include fluoroscopy. Machine fees may not be added. All other interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated. | | | - | - | | |
| 80600 | Percutaneous abscess, cyst drainage, any region | | | - | - | 9.37 | 1 885.53 |
| 80605 | Fine needle aspiration biopsy, any region | | | - | - | 4.22 | 849.19 |
| 80610 | Cutting needle, trochar biopsy, any region | | | - | - | 6.36 | 1 279.82 |
| 80620 | Tumour/cyst ablation chemical | | | - | - | 25.37 | 5 105.21 |
| 80630 | Tumour ablation radio frequency, per lesion | | | - | - | 21.21 | 4 268.09 |
| 80640 | Insertion of CVP line in radiology suite | | | - | - | 8.99 | 1 809.06 |
| 80645 | Peripheral central venous line insertion | | | - | - | 12.12 | 2 438.91 |
| 80650 | Infiltration of a peripheral joint, any region | | | - | - | 6.40 | 1 287.87 |
| | May be combined with relevant guidance (fluoroscopy, ultrasound, CT and MR). May not be combined with machine codes 00510, 00520, 00530, 00540, 00550, 00560 or 86610 (facet joint or SI joint) or arthrogram codes. | | | - | - | | |
| | **Neuro Intervention** | | | - | - | | |
| 81600 | Intracranial aneurysm occlusion, direct | | | - | - | 214.52 | 43 167.86 |
| 81605 | Intracranial arteriovenous shunt occlusion | | | - | - | 254.82 | 51 277.43 |
| 81610 | Dural sinus arteriovenous shunt occlusion | | | - | - | 264.33 | 53 191.13 |
| 81615 | Extracranial arteriovenous shunt occlusion | | | - | - | 157.28 | 31 649.45 |
| 81620 | Extracranial arterial embolisation (head and neck) | | | - | - | 163.12 | 32 824.64 |
| 81625 | Caroticocavernous fistula occlusion | | | - | - | 192.29 | 38 694.52 |
| 81630 | Intracranial angioplasty for stenosis, vasospasm | | | - | - | 126.92 | 25 540.11 |
| 81632 | Intracranial stent placement (including PTA) | | | - | - | 133.72 | 26 908.48 |
| 81635 | Temporary balloon occlusion test | | | - | - | 83.42 | 16 786.61 |
| | Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550. | | | - | - | | |
| 81640 | Permanent carotid or vertebral artery occlusion (including occlusion test) | | | - | - | 178.18 | 35 855.16 |
| 81645 | Intracranial aneurysm occlusion with balloon remodelling | | | - | - | 216.35 | 43 536.11 |
| 81650 | Intracranial aneurysm occlusion with stent assistance | | | - | - | 230.45 | 46 373.45 |
| 81655 | Intracranial thrombolysis, catheter directed | | | - | - | 58.94 | 11 860.50 |
| | Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650 | | | - | - | | |
| 81660 | Nerve block, head and neck, per level | | | - | - | 7.66 | 1 541.42 |
| 81665 | Neurolysis, head and neck, per level | | | - | - | 20.14 | 4 052.77 |

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| 81670 | Nerve block, head and neck, radio frequency, per level | | | - | - | 19.04 | 3 831.42 |
| 81680 | Nerve block, coeliac plexus or other regions, per level | | | - | - | 9.28 | 1 867.41 |
| | **Thorax** | | | - | - | | |
| 82600 | Chest drain insertion | | | - | - | 8.82 | 1 774.85 |
| 82605 | Trachial, bronchial stent insertion | | | - | - | 30.36 | 6 109.34 |
| | **Gastrointestinal** | | | - | - | | |
| 83600 | Oesophageal stent insertion | | | - | - | 31.22 | 6 282.40 |
| 83605 | GIT balloon dilation | | | - | - | 24.36 | 4 901.96 |
| 83610 | GIT stent insertion (non-oesophageal) | | | - | - | 32.02 | 6 443.38 |
| 83615 | Percutaneous gastrostomy, jejunostomy | | | - | - | 25.36 | 5 103.19 |
| | **Hepatobiliary** | | | - | - | | |
| 84600 | Percutaneous biliary drainage, external | | | - | - | 33.98 | 6 837.80 |
| 84605 | Percutaneous external/internal biliary drainage | | | - | - | 37.21 | 7 487.77 |
| 84610 | Permanent biliary stent insertion | | | - | - | 51.22 | 10 307.00 |
| 84615 | Drainage tube replacement | | | - | - | 20.22 | 4 068.87 |
| 84620 | Percutaneous bile duct stone or foreign object removal | | | - | - | 49.98 | 10 057.48 |
| 84625 | Percutaneous gall bladder drainage | | | - | - | 29.58 | 5 952.38 |
| 84630 | Percutaneous gallstone removal, including drainage | | | - | - | 69.25 | 13 935.18 |
| 84635 | Transjugular liver biopsy | | | - | - | 24.93 | 5 016.66 |
| 84640 | Transjugular intrahepatic Portosystemic shunt | | | - | - | 119.47 | 24 040.95 |
| 84645 | Transhepatic Portogram including venous sampling, pressure studies | | | - | - | 81.89 | 16 478.72 |
| 84650 | Transhepatic Portogram with embolisation of varices | | | - | - | 100.81 | 20 286.00 |
| 84655 | Percutaneous hepatic tumour ablation | | | - | - | 15.68 | 3 155.29 |
| 84660 | Percutaneous hepatic abscess, cyst drainage | | | - | - | 13.20 | 2 656.24 |
| 84665 | Hepatic chemoembolisation | | | - | - | 59.44 | 11 961.11 |
| 84670 | Hepatic arterial infusion catheter placement | | | - | - | 60.30 | 12 134.17 |
| | **Urogenital** | | | - | - | | |
| 85600 | Percutaneous nephrostomy, external drainage | | | - | - | 29.97 | 6 030.86 |
| 85605 | Percutaneous double J stent insertion including access | | | - | - | 40.62 | 8 214.21 |
| 85610 | Percutaneous renal stone, foreign body removal including access | | | - | - | 66.79 | 13 440.15 |
| 85615 | Percutaneous nephrostomy tract establishment | | | - | - | 29.27 | 5 890.00 |
| 85620 | Change of nephrostomy tube | | | - | - | 15.90 | 3 199.56 |
| 85625 | Percutaneous cystostomy | | | - | - | 16.52 | 3 324.32 |
| 85630 | Urethral balloon dilatation | | | - | - | 14.24 | 2 865.52 |
| 85635 | Urethral stent insertion | | | - | - | 31.22 | 6 282.40 |
| 85640 | Renal cyst ablation | | | - | - | 11.92 | 2 398.66 |
| 85645 | Renal abscess, cyst drainage | | | - | - | 15.16 | 3 050.65 |
| 85655 | Fallopian tube recanalisation | | | - | - | 45.06 | 9 067.42 |
| | **Spinal** | | | - | - | | |
| 86600 | Spinal vascular malformation embolisation | | | - | - | 275.16 | 55 370.45 |
| 86605 | Vertebroplasty per level | | | - | - | 22.30 | 4 487.43 |
| 86610 | Facet joint block per level, uni- or bilateral<br>Code 86610 may only be billed once per level, and not per left and right side per level | | | - | - | 9.54 | 1 919.73 |
| 86615 | Spinal nerve block per level, uni- or bilateral | | | - | - | 8.16 | 1 642.04 |
| 86620 | Epidural block | | | - | - | 9.42 | 1 895.59 |
| 86625 | Chemonucleolysis, including discogram | | | - | - | 18.32 | 3 686.53 |
| 86630 | Spinal nerve ablation per level | | | - | - | 11.60 | 2 334.27 |
| | **Vascular**<br>Code 87654 (Thrombolysis follow up) may only be used on the days following the initial procedure, 87650 (thrombolysis).<br>If a balloon angioplasty and / or stent placement is performed at more that one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code. | | | - | - | | |
| 87600 | Percutaneous transluminal angioplasty: aorta, IVC | | | - | - | 56.56 | 11 381.57 |

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| 87601 | Percutaneous transluminal angioplasty: iliac | | | - | - | 55.76 | 11 220.58 |
| 87602 | Percutaneous transluminal angioplasty: femoropopliteal | | | - | - | 60.16 | 12 106.00 |
| 87603 | Percutaneous transluminal angioplasty: subpopliteal | | | - | - | 73.34 | 14 758.21 |
| 87604 | Percutaneous transluminal angioplasty: brachiocephalic | | | - | - | 67.12 | 13 506.56 |
| 87605 | Percutaneous transluminal angioplasty: subclavian, axillary | | | - | - | 60.16 | 12 106.00 |
| 87606 | Percutaneous transluminal angioplasty: extracranial carotid | | | - | - | 71.62 | 14 412.09 |
| 87607 | Percutaneous transluminal angioplasty: extracranial vertebral | | | - | - | 73.30 | 14 750.16 |
| 87608 | Percutaneous transluminal angioplasty: renal | | | - | - | 87.69 | 17 645.86 |
| 87609 | Percutaneous transluminal angioplasty: coeliac, mesenteric | | | - | - | 87.69 | 17 645.86 |
| 87620 | Aorta stent-graft placement | | | - | - | 120.75 | 24 298.52 |
| 87621 | Stent insertion (including PTA): aorta, IVC | | | - | - | 73.87 | 14 864.86 |
| 87622 | Stent insertion (including PTA): iliac | | | - | - | 76.37 | 15 367.94 |
| 87623 | Stent insertion (including PTA): femoropopliteal | | | - | - | 77.97 | 15 689.90 |
| 87624 | Stent insertion (including PTA): subpopliteal | | | - | - | 84.55 | 17 014.00 |
| 87625 | Stent insertion (including PTA): brachiocephalic | | | - | - | 98.47 | 19 815.12 |
| 87626 | Stent insertion (including PTA): subclavian, axillary | | | - | - | 86.69 | 17 444.63 |
| 87627 | Stent insertion (including PTA): extracranial carotid | | | - | - | 106.99 | 21 529.60 |
| 87628 | Stent insertion (including PTA): extracranial vertebral | | | - | - | 100.55 | 20 233.68 |
| 87629 | Stent insertion (including PTA): renal | | | - | - | 98.59 | 19 839.27 |
| 87630 | Stent insertion (including PTA): coeliac, mesenteric | | | - | - | 98.59 | 19 839.27 |
| 87631 | Stent-graft placement: iliac | | | - | - | 76.37 | 15 367.94 |
| 87632 | Stent-graft placement: femoropopliteal | | | - | - | 77.97 | 15 689.90 |
| 87633 | Stent-graft placement: brachiocephalic | | | - | - | 98.47 | 19 815.12 |
| 87634 | Stent-graft placement: subclavian, axillary | | | - | - | 82.77 | 16 655.81 |
| 87635 | Stent-graft placement: extracranial carotid | | | - | - | 120.43 | 24 234.13 |
| 87636 | Stent-graft placement: extracranial vertebral | | | - | - | 114.73 | 23 087.12 |
| 87637 | Stent-graft placement: renal | | | - | - | 98.59 | 19 839.27 |
| 87638 | Stent-graft placement: coeliac, mesenteric | | | - | - | 98.59 | 19 839.27 |
| 87650 | Thrombolysis in angiography suite, per 24 hours | | | - | - | 45.82 | 9 220.36 |
| | Code 87650 may be combined with any of the relevant non neuro interventional angiography and interventional codes 10520, 20500, 20510, 20520, 20530, 20540,32500,32530,44500, 44503, 44505, 44507, 44510, 44515, 44517, 44520, 60500, 60510, 60520, 60530, 70500, 70505, 70510, 70515, 87600 to 87638. | | | - | - | | |
| 87651 | Aspiration, rheolytic thrombectomy | | | - | - | 77.67 | 15 629.53 |
| 87652 | Atherectomy, per vessel | | | - | - | 91.89 | 18 491.02 |
| 87653 | Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion | | | - | - | 28.15 | 5 664.62 |
| 87654 | Thrombolysis follow-up | | | - | - | 23.57 | 4 742.99 |
| 87655 | Percutaneous sclerotherapy, vascular malformation | | | - | - | 21.10 | 4 245.95 |
| 87660 | Embolisation, mesenteric | | | - | - | 100.43 | 20 209.53 |
| 87661 | Embolisation, renal | | | - | - | 99.36 | 19 994.21 |
| 87662 | Embolisation, bronchial, intercostal | | | - | - | 108.34 | 21 801.26 |
| 87663 | Embolisation, pulmonary arteriovenous shunt | | | - | - | 103.22 | 20 770.96 |
| 87664 | Embolisation, abdominal, other vessels | | | - | - | 101.44 | 20 412.77 |
| 87665 | Embolisation, thoracic, other vessels | | | - | - | 97.60 | 19 640.05 |
| 87666 | Embolisation, upper limb | | | - | - | 90.92 | 18 295.83 |
| 87667 | Embolisation, lower limb | | | - | - | 92.14 | 18 541.33 |
| 87668 | Embolisation, pelvis, non-uterine | | | - | - | 117.12 | 23 568.06 |
| 87669 | Embolisation, uterus | | | - | - | 113.88 | 22 916.07 |
| 87670 | Embolisation, spermatic, ovaria veins | | | - | - | 85.82 | 17 269.56 |
| 87680 | Inferior vena cava filter placement | | | - | - | 61.84 | 12 444.06 |
| 87681 | Intravascular foreign body removal | | | - | - | 85.03 | 17 110.59 |
| 87682 | Revision of access port (tunnelled or implantable) | | | - | - | 14.12 | 2 841.37 |
| 87683 | Removal of access port (tunnelled or implantable) | | | - | - | 11.12 | 2 237.68 |
| 87690 | Superior petrosal venous sampling | | | - | - | 73.01 | 14 691.80 |
| 87691 | Pancreatic stimulation test | | | - | - | 89.79 | 18 068.44 |
| 87692 | Transportal venous sampling | | | - | - | 76.95 | 15 484.65 |
| 87693 | Adrenal venous sampling | | | - | - | 55.01 | 11 069.66 |
| 87694 | Parathyroid venous sampling | | | - | - | 86.66 | 17 438.69 |
| 87695 | Renal venous sampling | | | - | - | 55.01 | 11 069.66 |

| | | | Specialist Medical or Radiation Oncologist | | Other Specialists and General Practitioner | | Anaesthetic | |
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| **20.** | **RADIATION ONCOLOGY**<br>The amounts in this section are calculated according to the **Radiation Oncology** unit values (unless otherwise specified) | | | | | | | |
| **20.10** | **Chemotherapy**<br><br>**Chemotherapy treatment (not in chemotherapy facilities)**<br><br>Note: When patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790-5795<br><br>The amounts in this section are calculated according to the **Clinical Procedure** unit values | | | | | | | |
| **0213** | Treatment with cytostatic agents: Administering of chemotherapy: Intramuscular or subcutaneous: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment.<br>For use by medical practiioners who do not make use of recognised chemotherapy faciities or are not responsible for managing the chemotherapy treatment (Applicable for RMA clients) | | 5 | **162.30** | 5 | **162.30** | | |
| **0214** | Intravenous treatment with cytostatic agents: Administering of chemotherapy: Intravenous bolus technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment<br>For use by medical practiioners who do not make use of recognised chemotherapy faciities or are not responsible for managing the chemotherapy treatment. (Applicable for RMA clients) | | 9 | **292.14** | 9 | **292.14** | | |
| **0215** | Intravenous treatment with cytostatic agents: Administering of chemotherapy: Intravenous infusion technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment<br>For use by medical practiioners who do not make use of recognised chemotherapy faciities or are not responsible for managing the chemotherapy treatment. (Applicable for RMA clients) | | 14 | **454.44** | 14 | **454.44** | | |
| **5782** | Isotope therapy: Administration of low dose surface applicators, up to five applications. Typically an out patient procedure. Material is not included | | 77.81 | **2 525.71** | 62.25 | **2 020.57** | | |
| **5783** | Infusional pharmacotherapy: Item to be used for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be coded separately) | | 42.65 | **1 384.42** | 42.65 | **1 384.42** | | |
| **5790** | Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy or hormonal therapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology related drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) | | 42.95 | **1 394.16** | 42.95 | **1 394.16** | | |

| | | | Specialist Medical or Radiation Oncologist | | Other Specialists and General Practitioner | | Anaesthetic | | |
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| 20. | **RADIATION ONCOLOGY** | | | | | | | | |
| 5791 | Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy, per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - only one of the parties are to charge this fee | | 24.49 | **794.95** | 24.49 | **794.95** | | | |
| 5792 | Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy or hormonal therapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. These facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - only one of the parties are to charge this fee | | 30.61 | **993.60** | 30.61 | **993.60** | | | |
| 5793 | Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities (consultations to be charged separately) | | 159.47 | **5 176.40** | 127.58 | **4 141.25** | | | |
| 5794 | Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee | | 90.03 | **2 922.37** | 90.03 | **2 922.37** | | | |
| 5795 | Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. These facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee | | 112.54 | **3 653.05** | 112.54 | **3 653.05** | | | |
| 20.11 | **Radiation Therapy** | | | | | | | | |
| 20.11.1 | **Manual Radiotherapy Planning Procedures** | | | | | | | | |
| 5801 | Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT | | 42.56 | **1 381.50** | | | | | |
| 5601 | Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest -TECHNICAL COMPONENT | | 99.32 | **3 223.93** | | | | | |
| 5802 | Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT | | 56.18 | **1 823.60** | | | | | |
| 5602 | Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT | | 131.10 | **4 255.51** | | | | | |

| | | | Specialist Medical or Radiation Oncologist | | Other Specialists and General Practitioner | | Anaesthetic | | |
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| 20. | **RADIATION ONCOLOGY** | | | | | | | | |
| 5803 | Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT | | 76.62 | 2 487.09 | | | | | |
| 5603 | Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT | | 178.77 | 5 802.87 | | | | | |
| 20.11.2 | **Conventional Radiotherapy Planning Procedures** | | | | | | | | |
| 5808 | Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT | | 170.26 | 5 526.64 | | | | | |
| 5809 | Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT | | 238.36 | 7 737.17 | | | | | |
| 5810 | Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT | | 297.95 | 9 671.46 | | | | | |
| 5608 | Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT | | 397.27 | 12 895.38 | | | | | |
| 5609 | Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT | | 556.18 | 18 053.60 | | | | | |
| 5610 | Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT | | 695.22 | 22 566.84 | | | | | |
| 20.11.3 | **Three Dimensional Radiotherapy Planning Procedures** | | | | | | | | |
| 5820 | Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) | | 240.23 | 7 797.87 | | | | | |
| 5620 | Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, single volume of interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) | | 977.20 | 31 719.91 | | | | | |
| 5821 | Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) | | 407.75 | 13 235.57 | | | | | |
| 5621 | Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, multiple volumes of interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) | | 1 368.07 | 44 407.55 | | | | | |
| 5822 | Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) | | 554.33 | 17 993.55 | | | | | |
| 5622 | Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, special technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) | | 1 710.09 | 55 509.52 | | | | | |
| 20.11.4 | **Intensity Modulated Radiotherapy Planning Procedures** | | | | | | | | |
| 5823 | Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) | | 642.92 | 20 869.18 | | | | | |
| 5623 | Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, radical course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) | | 1 916.81 | 62 219.65 | | | | | |

| | | | Specialist Medical or Radiation Oncologist | | Other Specialists and General Practitioner | | Anaesthetic | | |
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| 20. | RADIATION ONCOLOGY | | | | | | | | |
| 5825 | Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) | | 232.18 | 7 536.56 | | | | | |
| 5625 | Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, booster volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) | | 958.40 | 31 109.66 | | | | | |
| 5826 | Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) | | 753.35 | 24 453.74 | | | | | |
| 5626 | Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, CT scan with magnetic resonance imaging or other similar imaging fusion techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) | | 2 174.48 | 70 583.62 | | | | | |
| 20.11.5 | **Kilovolt Radiation Treatment** | | | | | | | | |
| 5834 | Kilovoltage Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT | | 49.08 | 1 593.14 | | | | | |
| 5634 | Kilovoltage Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT | | 114.52 | 3 717.32 | | | | | |

| | | | Specialist Medical or Radiation Oncologist | | Other Specialists and General Practitioner | | Anaesthetic | | |
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| **20.** | **RADIATION ONCOLOGY** | | | | | | | | |
| **20.11.6** | **Short course radiation treatment** | | | | | | | | |
| **5835** | Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT | | | | | | | | |
| **5635** | Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT | | 246.73 | 8 008.86 | | | | | |
| **5836** | Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT | | 148.04 | 4 805.38 | | | | | |
| **5636** | Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT | | 345.41 | 11 212.01 | | | | | |
| **5837** | Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT | | 190.33 | 6 178.11 | | | | | |
| **5637** | Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT | | 444.11 | 14 415.81 | | | | | |
| **20.11.7** | **Weekly radiation treatment sessions** | | | | | | | | |
| **20.11.7.1** | **Conventional Techniques** | | | | | | | | |
| **5839** | Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT | | 193.86 | 6 292.70 | | | | | |
| **5639** | Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT | | 452.33 | 14 682.63 | | | | | |
| **5840** | Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT | | 246.73 | 8 008.86 | | | | | |
| **5640** | Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT | | 575.69 | 18 686.90 | | | | | |
| **5841** | Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT | | 317.22 | 10 296.96 | | | | | |
| **5641** | Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT | | 740.18 | 24 026.24 | | | | | |
| **20.11.7.2** | **Advanced Techniques** | | | | | | | | |
| **5849** | Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT | | 236.24 | 7 668.35 | | | | | |
| **5649** | Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT | | 551.21 | 17 892.28 | | | | | |
| **5850** | Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT | | 330.73 | 10 735.50 | | | | | |
| **5650** | Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT | | 771.71 | 25 049.71 | | | | | |
| **5851** | Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT | | 425.23 | 13 802.97 | | | | | |
| **5651** | Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT | | 992.19 | 32 206.49 | | | | | |
| **5854** | Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT | | 348.87 | 11 324.32 | | | | | |
| **5654** | Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT | | 814.03 | 26 423.41 | | | | | |

| | | | Specialist Medical or Radiation Oncologist | | Other Specialists and General Practitioner | | Anaesthetic | |
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| **20.** | **RADIATION ONCOLOGY** | | | | | | | |
| 5855 | Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT | | 826.83 | **26 838.90** | | | | |
| 5655 | Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT | | 1 929.26 | **62 623.78** | | | | |
| **20.11.8** | **Stereotactic Radiation** | | | | | | | |
| 5860 | Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT | | 3 719.34 | **120 729.78** | | | | |
| 5660 | Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT | | 8 678.46 | **281 702.81** | | | | |
| 5861 | Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT | | 4 277.24 | **138 839.21** | | | | |
| 5661 | Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT | | 9 980.23 | **323 958.27** | | | | |
| **20.12** | **Brachytherapy** | | | | | | | |
| **20.12.1** | **Isotope/Applicator Therapy** | | | | | | | |
| 5870 | Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included | | 108.40 | **3 518.66** | | | | |
| 5872 | Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included | | 216.80 | **7 037.33** | | | | |
| 5873 | Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included | | 601.16 | **19 513.65** | | | | |
| | | | | **0.00** | | | | |
| **20.12.2** | **Brachytherapy Inplants** | | | **0.00** | | | | |
| 5882 | Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included | | 216.80 | **7 037.33** | | | | |
| 5883 | Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included | | 786.80 | **25 539.53** | | | | |
| 5885 | Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included | | 1 049.07 | **34 052.81** | | | | |
| **20.12.3** | **Brachytherapy Treatment** | | | | | | | |
| 5890 | Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included | | 613.04 | **19 899.28** | | | | |

| | | | Specialist Medical or Radiation Oncologist | | Other Specialists and General Practitioner | | Anaesthetic | |
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| 20. | **RADIATION ONCOLOGY** | | | | | | | |
| 5892 | Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT | | 415.96 | 13 502.06 | | | | |
| 5893 | Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT | | 970.56 | 31 504.38 | | | | |
| 20.12.4 | **Brachytherapy Imaging** | | | | | | | |
| 5895 | Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885 | | 156.77 | 5 088.78 | | | | |

*COIDA & RSSA INDICATIONS FOR MRI OF INJURY ON DUTY PATIENTS.*

*Select the appropriate injury, modality and indication to be used in conjuction with a MRI.*

*Annexure A* ⟶ *MRI motivation form.*

*Annexure B* ⟶ *COIDA & RSSA indication for MRI.*

*Annexure C* ⟶ *Indications for plexus and peripheral nerve block.*

*Annexure D* ⟶ *System format.*

**Annexure: A**
**The Department of Labour: Compensation Fund**

# MRI Motivation Form for Employee's Injured on Duty

**Claim Number:**

**Employee's Name:**

**Employees ID No:**

**Name of Employer:**

**Date of Accident / Injury:**

**Type of Injury:**

**Brief description of how injury occurred:**

**Previous clinic / imaging investigations done, and dates:**

**Imaging investigation required:**

**Motivation / Clinical indications for the investigation:**

**Requesting Doctors Name:**

**Practice Number:** **Date of Referral**

This form should preferably be typed.

## ANNEXURE :B

## COIDA & RSSA– Indications for MR Imaging of Injury on Duty Patients

Select the appropriate injury, modality and indication. To be used in conjunction with a MRI / CT motivation. Refer also to the document "Guidelines for Imaging of MRI and other studies for Injury on Duty Patients"

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☐ **Head Injury - Acute** (1) (Acute regarded as within first week of date of injury)

☐ CT
- ☐ Reduced level of consciousness (1.i.a)
- ☐ Seizures (1.i.b)
- ☐ Neurological deficit (1.i.c)
- ☐ Skull or facial bone fractures (1.i.d)

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☐ **Head + Cervical Spine Injury – Acute** (2)

☐ CT
- ☐ Head as above (2.i)
- ☐ CT Spine (bone or joint injury) depending on result spine x-ray (2.ii)

☐ MRI – in selected cases following a CT (2.iii)

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☐ **Head Injury – Sub acute**

☐ MRI
- ☐ Rotational axonal injury (2.d)
- ☐ Chronic subdural haemorrhage

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☐ **Head Injury - long term sequela** (3)

☐ CT
- ☐ If convulsions present in semi acute phase, do CT first (3.b)

☐ MRI
- ☐ Epilepsy (contrast and additional sequences often required) (3.a)
- ☐ Long term structural changes (3.c)

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☐ **Spine – Acute**

☐ CT
- ☐ Bone or joint injury (4.i)

☐ MRI
- ☐ Cord compression (5.i)
- ☐ Neurological signs (nerve root) (5.ii)
- ☐ Vertebral body fracture (selected cases) (5.iii)

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☐ **Spine – sub acute and long term sequela**

☐ MRI
- ☐ Cord injury (6.i)
- ☐ Disc herniation (6.ii)
- ☐ Post operative assessment (selected cases) (6.iii)

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☐ **Chest / Body Injury** (7)

☐ CT ☐ Sternal fracture ☐ Vascular of lung ☐ Other organs / soft tissue

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☐ **Extremities**

☐ CT
- ☐ Complicated fractures and dislocations (10)

☐ MRI
- ☐ Muscle distal biceps insertion (9)
- ☐ Cartilage, tendons, labrum, soft tissue of, joints (8.iii.a)
- ☐ Planning repair of joints (8.iii.b)
- ☐ Knee, elbow, ankle (usually no contrast) (8.iii.d)
- ☐ Shoulder, wrist, hip (usually with contrast) (8.iii.c)

The numbers after the indications refer to the document "Guidelines for Imaging of MRI and other studies for Injury on Duty Patients". The above indications are not exhaustive, and are merely a selection of the more common indications.

# ANNEXURE: C

Item 2800 and 2802 as part of anaesthesia

2800 – Plexus nerve block
2802 – Peripheral nerve block

The motivation for the use of one of these codes in addition to that for the "normal" anaesthesia is that it controls post operative pain and minimises the use of pain injections / medication and encourages early mobilisation.

It is reasonable if the injury / surgery is of sufficient nature to expect much pain post operatively, such as in the fracture of a long bone that was surgically reduced and fixated.

It is however not reasonable in cases of a simple fracture to a hand bone / foot bone or uncomplicated amputation of a finger / toe or other simple procedures.

Examples of claims where the use is reasonable:

- open reduction / internal fixation of a femur / tibia – fibula / humerus / radius – ulna
- total knee replacement / total hip replacement

Examples where the use of the codes is not reasonable:

- one fracture in the hand / foot treated surgically
- amputation finger / toe or part of finger / toe
- arthroscopy of the ankle / knee / shoulder

The use of this codes could also be reasonable were a "crushed foot" injury because of many fractures and multiple procedures in one operation.

Item 2800 and 2802 as part of treatment

There also are instances where the use of the codes is part of the treatment (no surgery performed and is not part of general anaesthesia as such). This is why the codes were put into the tariff structure in the first place.
Multiple rib fractures are treated with a nerve block for pain management and that would be acceptable.

# PATHOLOGY GAZETTE 2023

| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 21. | **PATHOLOGY**<br><br>**Notes:** For fees for Histology and Cytology refer to items 4561 to 4595 under section 22: Anatomical Pathology<br>The amounts in this section are calculated according to the **Clinical Pathology** unit values | | | | |
| 21.1 | **Haematology** | | | | |
| 3705 | Alkali resistant haemoglobin | *4.5* | **138.20** | *3* | **92.13** |
| 3709 | Antiglobulin test (Coombs' or trypsinzied red cells) | *3.65* | **112.09** | *2.45* | **75.24** |
| 3710 | Antibody titration | *7.2* | **221.11** | *4.8* | **147.41** |
| 3711 | Arneth count | *2.25* | **69.10** | *1.5* | **46.07** |
| 3712 | Antibody identification | *8.45* | **259.50** | *5.65* | **173.51** |
| 3713 | Bleeding time (does not include the cost of the simplate device) | *6.94* | **213.13** | *4.63* | **142.19** |
| 3715 | Buffy Layer examination | *19.9* | **611.13** | *13.27* | **407.52** |
| 3716 | Mean Cell Volume | *2.25* | **69.10** | *1.5* | **46.07** |
| 3717 | Bone marrow cytological examination only | *19.9* | **611.13** | *13.27* | **407.52** |
| 3719 | Bone marrow: Aspiration | *8.4* | **257.96** | *5.6* | **171.98** |
| 3720 | Bone marrow trephine biopsy | *32.6* | **1 001.15** | *21.7* | **666.41** |
| 3721 | Bone marrow aspiration and trephine biopsy (excluding histological examination) | *36.8* | **1 130.13** | *24.5* | **752.40** |
| 3722 | Capillary fragility: Hess | *2.02* | **62.03** | *1.35* | **41.46** |
| 3723 | Circulating anticoagulants | *5.85* | **179.65** | *3.9* | **119.77** |
| 3724 | Coagulation factor inhibitor assay | *57.56* | **1 767.67** | *38.37* | **1 178.34** |
| 3726 | Activated proteïn C resistance | *26* | **798.46** | *17.3* | **531.28** |
| 3727 | Coagulation time | *3.16* | **97.04** | *2.11* | **64.80** |
| 3728 | Anti-factor Xa Activity | *53.6* | **1 646.06** | *35.73* | **1 097.27** |
| 3729 | Cold agglutinins | *3.6* | **110.56** | *2.4* | **73.70** |
| 3730 | Protein S: Functional | *37.5* | **1 151.63** | *25* | **767.75** |
| 3731 | Compatability for blood transfusion | *3.6* | **110.56** | *2.4* | **73.70** |
| 3734 | Protein C (chromogenic) | *30.29* | **930.21** | *20.19* | **620.03** |
| 3739 | Erythrocyte count | *2.25* | **69.10** | *1.5* | **46.07** |
| 3740 | Factors V and VII: Qualitative | *7.2* | **221.11** | *4.8* | **147.41** |
| 3741 | Coagulation factor assay: functional | *9.45* | **290.21** | *6.3* | **193.47** |
| 3742 | Coagulation factor assay: Immunological | *4.5* | **138.20** | *3* | **92.13** |
| 3743 | Erythrocyte sedimentation rate | *2.5* | **76.78** | *1.67* | **51.29** |
| 3744 | Fibrin stabilising factor (urea test) | *4.5* | **138.20** | *3* | **92.13** |
| 3746 | Fibrin monomers | *2.7* | **82.92** | *1.8* | **55.28** |
| 3748 | Plasminogen Activator Inhibitor (PAI-I) | *65.95* | **2 025.32** | *43.97* | **1 350.32** |
| 3750 | Tissue Plasminogen Activator (tPA) | *67.79* | **2 081.83** | *45.19* | **1 387.78** |
| 3751 | Osmotic fragility (screen) | *2.25* | **69.10** | *1.5* | **46.07** |
| 3753 | Osmotic fragility (before and after incubation) | *18* | **552.78** | *12* | **368.52** |

| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 3754 | ABO Reverse Group | 5.5 | 168.91 | 3.67 | 112.71 |
| 3755 | Full blood count (including items 3739, 3762, 3783, 3785, 3791) | 10.5 | 322.46 | 7 | 214.97 |
| 3756 | Full cross match | 7.2 | 221.11 | 4.8 | 147.41 |
| 3757 | Coagulation factors (quantitative) | 32.2 | 988.86 | 21.47 | 659.34 |
| 3758 | Factor VIII related antigen | 60.46 | 1 856.73 | 40.31 | 1 237.92 |
| 3759 | Coagulation factor correction study | 11.72 | 359.92 | 7.81 | 239.85 |
| 3761 | Factor XIII related antigen | 61.11 | 1 876.69 | 40.74 | 1 251.13 |
| 3762 | Haemoglobin estimation | 1.8 | 55.28 | 1.2 | 36.85 |
| 3763 | Contact activated product essay | 16.2 | 497.50 | 10.8 | 331.67 |
| 3764 | Grouping: A-. B- and O-antigens | 3.6 | 110.56 | 2.4 | 73.70 |
| 3765 | Grouping; Rh antigens | 3.6 | 110.56 | 2.4 | 73.70 |
| 3766 | PIVKA | 43.49 | 1 335.58 | 28.99 | 890.28 |
| 3767 | Euglobulin lysis time | 25.58 | 785.56 | 17.05 | 523.61 |
| 3768 | Haemoglobin A2 (column chromatography) | 15 | 460.65 | 10 | 307.10 |
| 3769 | HB Electrophoresis | 26.82 | 823.64 | 17.88 | 549.09 |
| 3770 | Haemoglobin-S (solubility test) | 3.6 | 110.56 | 2.4 | 73.70 |
| 3773 | Ham's acidified serum test | 8 | 245.68 | 5.33 | 163.68 |
| 3775 | Heinz bodies | 8 | 245.68 | 5.33 | 163.68 |
| 3776 | Haemosiderin in urinary sediment | 2.25 | 69.10 | 1.5 | 46.07 |
| 3781 | Heparin tolerence | 7.2 | 221.11 | 4.8 | 147.41 |
| 3783 | Leucocyte differential count | 6.2 | 190.40 | 4.15 | 127.45 |
| 3785 | Leucocytes: total count | 1.8 | 55.28 | 1.2 | 36.85 |
| 3786 | QBC malaria concentration and fluorescent staining | 25 | 767.75 | 16.7 | 512.86 |
| 3787 | LE-cells | 8.3 | 254.89 | 5.55 | 170.44 |
| 3789 | Neutrophil alkaline phosphatase | 28 | 859.88 | 18.7 | 574.28 |
| 3791 | Packed cell volume: Haematocrit | 1.8 | 55.28 | 1.2 | 36.85 |
| 3792 | Plasmodium falciparum: Monoclonal immunological identification | 9 | 276.39 | 6 | 184.26 |
| 3793 | Plasma haemoglobin | 6.75 | 207.29 | 4.5 | 138.20 |
| 3794 | Platelet Sensitivities | 18.64 | 572.43 | 12.43 | 381.73 |
| 3795 | Platelet aggregation per aggregant | 12.14 | 372.82 | 8.09 | 248.44 |
| 3796 | Platelet antibodies: agglutination | 5.4 | 165.83 | 3.6 | 110.56 |
| 3797 | Platelet count | 2.25 | 69.10 | 1.5 | 46.07 |
| 3799 | Platelet adhesiveness | 4.5 | 138.20 | 3 | 92.13 |
| 3801 | Prothrombin consumption | 5.85 | 179.65 | 3.9 | 119.77 |
| 3803 | Prothrombin determination (two stages) | 5.85 | 179.65 | 3.9 | 119.77 |
| 3805 | Prothrombin index | 6 | 184.26 | 4 | 122.84 |
| 3806 | Therapeutic drug level: Dosage | 4.5 | 138.20 | 3 | 92.13 |
| 3807 | Recalcification time | 2.25 | 69.10 | 1.5 | 46.07 |
| 3809 | Reticulocyte count | 3 | 92.13 | 2 | 61.42 |
| 3811 | Sickling test | 2.25 | 69.10 | 1.5 | 46.07 |
| 3814 | Sucrose lysis test for PNH | 3.6 | 110.56 | 2.4 | 73.70 |

| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 3816 | T and B-cells EAC markers (limited to ONE marker only fof CD4/8 counts) | 21.1 | 647.98 | 14.07 | 432.09 |
| 3820 | Thrombo-Elastogram | 26 | 798.46 | 17.33 | 532.20 |
| 3825 | Fibrinogen titre | 3.6 | 110.56 | 2.4 | 73.70 |
| 3829 | Glucose 6-phosphate-dehydragenase: Qualitative | 8 | 245.68 | 5.33 | 163.68 |
| 3830 | Glucose 6-phosphate-dehydrogenase: quantitative | 16 | 491.36 | 10.7 | 328.60 |
| 3832 | Red cell pyruvate kinase: quantitative | 16 | 491.36 | 10.7 | 328.60 |
| 3834 | Red cell Rhesus phenotype | 9.9 | 304.03 | 6.6 | 202.69 |
| 3835 | Haemoglobin F in blood smear | 5.85 | 179.65 | 3.9 | 119.77 |
| 3837 | Partial thromboplastin time | 5.85 | 179.65 | 3.9 | 119.77 |
| 3841 | Thrombin time (screen) | 5.85 | 179.65 | 3.9 | 119.77 |
| 3843 | Thrombin time (serial) | 7.65 | 234.93 | 5.1 | 156.62 |
| 3847 | Haemoglobin H | 2.25 | 69.10 | 1.5 | 46.07 |
| 3851 | Fibrin degeneration products (diffusion plate) | 10.35 | 317.85 | 6.9 | 211.90 |
| 3853 | Fibrin degeneration products (latex slide) | 4.5 | 138.20 | 3 | 92.13 |
| 3854 | XDP (Dimer test or equivalent latex slide test) | 8.5 | 261.04 | 5.67 | 174.13 |
| 3856 | D-Dimer | 27.52 | 845.14 | 18.35 | 563.53 |
| 3855 | Hemagglutination inhibition | 9.9 | 304.03 | 6.6 | 202.69 |
| 3858 | Heparin Removal | 28.88 | 886.90 | 19.25 | 591.17 |
| '21.2 | **Microscopic examinations** | | | | |
| 3865 | Parasites in blood smear | 5.6 | 171.98 | 3.73 | 114.55 |
| 3867 | Miscellaneous (body fluids. urine. exudate. fungi. Pusscrapings, etc.) | 4.9 | 150.48 | 3.3 | 101.34 |
| 3868 | Fungus identification | 8.3 | 254.89 | 5.5 | 168.91 |
| 3869 | Faeces (including parasites) | 4.9 | 150.48 | 3.27 | 100.42 |
| 3872 | Automated urine microscopy | 8.72 | 267.79 | 5.81 | 178.43 |
| 3873 | Transmission electron microscopy | 85 | 2 610.35 | 57 | 1 750.47 |
| 3874 | Scanning electron microscopy | 100 | 3 071.00 | 67 | 2 057.57 |
| 3875 | Inclusion bodies | 4.5 | 138.20 | 3 | 92.13 |
| 3878 | Crystal identification polarised light microscopy | 4.5 | 138.20 | 3 | 92.13 |
| 3879 | Compylobacter in stool: fastidious culture | 9.9 | 304.03 | 6.6 | 202.69 |
| 3880 | Antigen detection with polyclonal antibodies | 4.5 | 138.20 | 3 | 92.13 |
| 3881 | Mycobacteria | 3 | 92.13 | 2 | 61.42 |
| 3882 | Antigen detection with monoclonal antibodies | 10.8 | 331.67 | 7.2 | 221.11 |
| 3883 | Concentration techniques for parasites | 3 | 92.13 | 2 | 61.42 |
| 3884 | Dark field. Phase- or interference contrast microscopy. Nomarski or Fontana | 6.3 | 193.47 | 4.2 | 128.98 |
| 3885 | Cytochemical stain | 5.45 | 167.37 | 3.65 | 112.09 |
| 21.3 | **Bacteriology (culture and biological examination** | | | | |
| 3887 | Antibiotic susceptibility test. per organism | 8 | 245.68 | 5.33 | 163.68 |
| 3889 | Clostridium difficile toxin: Monccional immunological | 12.4 | 380.80 | 8.27 | 253.97 |
| 3890 | Antibiotic assay of tissues and fluids | 13.9 | 426.87 | 9.27 | 284.68 |
| 3891 | Blood culture: aerobic s | 5.85 | 179.65 | 3.9 | 119.77 |
| 3892 | Blood culture: anaerobic | 5.85 | 179.65 | 3.9 | 119.77 |
| 3893 | Bacteriological culture: miscellaneous | 6.3 | 193.47 | 4.2 | 128.98 |
| 3894 | Radiometric blood culture | 10.8 | 331.67 | 7.2 | 221.11 |
| 3895 | Bacteriological culture: fastidious organisms | 9.9 | 304.03 | 6.6 | 202.69 |
| 3896 | In vivo culture: bacteria | 16 | 491.36 | 10.65 | 327.06 |
| 3897 | In vivo culture: virus | 16 | 491.36 | 10.65 | 327.06 |
| 3898 | Bacterial exotoxin production (in vitro assay) | 4.5 | 138.20 | 3 | 92.13 |
| 3901 | Fungal culture | 4.5 | 138.20 | 3 | 92.13 |
| 3902 | Clostridium difficile (cytotoxicity neutralisation) | 30 | 520.20 | 20 | 346.80 |
| 3903 | Antibiotic level: biological fluids | 11.7 | 359.31 | 7.8 | 239.54 |
| 3904 | Rotavirus latex slide test | 5.62 | 97.60 | 3.75 | 65.12 |
| 3905 | Identification of virus or rickettsia | 20.7 | 635.70 | 13.8 | 423.80 |
| 3906 | Identification: chlamydia | 16 | 491.36 | 10.65 | 327.06 |
| 3907 | Culture for staphylococcus aureus **[Discontinued 2020]** | | | | |
| 3908 | Anaerobic culture: comprehensive | 9.9 | 304.03 | 6.6 | 202.69 |

| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 3909 | Anaerobic culture: limited procedure | 4.5 | 138.20 | 3 | 92.13 |
| 3911 | B-Lactamase | 4.5 | 138.20 | 3 | 92.13 |
| 3915 | Mycobacterium culture | 4.5 | 138.20 | 3 | 92.13 |
| 3916 | Radiometric tuberculosis culture | 10.8 | 187.50 | 7.2 | 125.00 |
| 3917 | Mycoplasma culture: limited | 2.25 | 69.10 | 1.5 | 46.07 |
| 3918 | Mycoplasma culture: comprehensive | 9.9 | 304.03 | 6.6 | 202.69 |
| 3919 | Identification of mycobacterium | 9.9 | 304.03 | 6.6 | 202.69 |
| 3920 | Mycobacterium: antibiotic sensitivity | 9.9 | 304.03 | 6.6 | 202.69 |
| 3921 | Antibiotic synergistic study | 20.7 | 635.70 | 13.8 | 423.80 |
| 3922 | Viable cell count | 1.35 | 41.46 | 0.9 | 27.64 |
| 3923 | Staph ID Abr (Yeast ID) | 3.15 | 96.74 | 2.1 | 64.49 |
| 3924 | Biochemical ident of bacterium: extended | 12.5 | 383.88 | 8.33 | 255.81 |
| 3925 | Serological ident of bacterium: abridged | 3.15 | 96.74 | 2.1 | 64.49 |
| 3926 | Serological ident of bacterium: extended | 10.2 | 313.24 | 6.8 | 208.83 |
| 3927 | Grouping of streptococci | 7.3 | 224.18 | 4.85 | 148.94 |
| 3928 | Antimicrobic substances | 3.8 | 116.70 | 2.5 | 76.78 |
| 3929 | Radiometric mycobacterium identification | 14 | 429.94 | 9.3 | 285.60 |
| 3930 | Radiometric mycobacterium antibiotic sensitivity | 25 | 767.75 | 16.7 | 512.86 |
| 3931 | Helicobacter: Monoclonal immunological | 12.4 | 215.26 | 8.27 | 143.57 |

| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 4652 | Rapid automated bacterial identification per organism | *15* | 460.65 | *10* | 307.10 |
| 4653 | Rapid aotomated antibiotic susceptibility per organism | *17* | 522.07 | *11.33* | 347.94 |
| 4654 | Rapid automated MIC per organism per antibiotic | *17* | 522.07 | *11.33* | 347.94 |
| 4655 | Mycobacteria: MIC determination - E Test | *16.50* | 506.72 | *11.00* | 337.81 |
| 4656 | Mycobacteria: Identification HPLC | *35.00* | 1 074.85 | *23.33* | 716.46 |
| 4657 | Mycobacteria: Liquefied, consentrated, fluorochrome stain | *9.90* | 304.03 | *6.60* | 202.69 |
| 21.4 | **Serology** | | | | |
| 3932 | HIV Elisa Type I and II (Screening tests only) | 14.1 | 433.01 | 9.4 | 288.67 |
| 3933 | IgE: Total; EMIT or ELISA | *11.7* | 359.31 | *7.8* | 239.54 |
| 3934 | Auto antibodies by labelled antibodies | *16* | 491.36 | *10.65* | 327.06 |
| 3936 | Virus neutralisation test: First antibody | *75* | 1 301.10 | *50* | 867.40 |
| 3937 | Virus neutralisation test: Each additional antibody | *15* | 260.40 | *10* | 173.60 |
| 3938 | Precipitatin test per antigen | *4.5* | 138.20 | *3* | 92.13 |
| 3939 | Agglutination test per antigen | *5.5* | 168.91 | *3.67* | 112.71 |
| 3940 | Haemagglutinationtest: per antigen | *9.9* | 304.03 | *6.6* | 202.69 |
| 3941 | Modified Coombs' test for brucellosis | *4.5* | 138.20 | *3* | 92.13 |
| 3942 | Hepatitis Rapid Viral Ab | *12.24* | 375.89 | *8.16* | 250.59 |
| 3943 | Antibody titer to bacterial exotoxin | *3.6* | 110.56 | *2.4* | 73.70 |
| 3944 | IgE: Specific antibody titer: ELISA/EMIT: per Ag | *12.4* | 380.80 | *8.27* | 253.97 |
| 3945 | Complement fixation test | *5.85* | 179.65 | *3.9* | 119.77 |
| 3947 | C-reactive protein | *3.6* | 110.56 | *2.4* | 73.70 |
| 3948 | IgG: Specific antibody titer: ELISA/EMIT: per Ag | *12.95* | 397.69 | *8.63* | 265.03 |
| 3949 | Qualitative Kahn. VDRL or other flocculation | *2.25* | 69.10 | *1.5* | 46.07 |
| 3950 | Neutrophil phagocytosis | *25.2* | 773.89 | *16.8* | 515.93 |
| 3951 | Quantitative Kahn. VDRL or other flocculation | *3.6* | 110.56 | *2.4* | 73.70 |
| 3952 | Neutrophil chemotaxis | *67.95* | 2 086.74 | *45.3* | 1 391.16 |
| 3953 | Tube agglutination test | *4.15* | 127.45 | *2.76* | 84.76 |
| 3955 | Paul Bunnell: presumptive | *2.25* | 69.10 | *1.5* | 46.07 |
| 3956 | Infectious Mononucleasis latex slide test (Monospot or equivalent) | *8.5* | 261.04 | *5.67* | 174.13 |
| 3957 | Paul Bunnell: Absorption | *4.5* | 138.20 | *3* | 92.13 |
| 3958 | Anti Gad/Ia2 Ab | *67.95* | 1 178.80 | *45.3* | 785.87 |
| 4601 | Panel typing: Antibody detection: Class 1 | *36* | 1 105.56 | *24* | 737.04 |
| 4602 | Panel typing: Antibody detection: Class II | *44* | 1 351.24 | *29.3* | 899.80 |
| 4604 | HLA typing: Class I - serology | *52* | 902.60 | *34.7* | 602.31 |
| 4605 | HLA typing: Class II - serology | *52* | 624.70 | *34.7* | 416.87 |
| 4606 | HLA typing: Class I & II - serology | *90* | 1 243.70 | *60* | 829.13 |
| 4607 | Cross matching T-cells (per tray) | *18* | 552.78 | *12* | 368.52 |
| 4608 | Cross matching B-cells | *38* | 1 166.98 | *25.3* | 776.96 |
| 4609 | Cross matching T- & B-cells | *48* | 1 474.08 | *32* | 982.72 |
| 4610 | Helicobacter pylori antigen test | *34.6* | 1 062.57 | *23.07* | 708.48 |
| 4611 | Erythropoietin | *20* | 347.00 | *13.33* | 231.28 |
| 4612 | HTLV I/II | *20* | 347.00 | *13.33* | 231.28 |
| 4613 | Anti-Gm1 Antibody Assay | *75* | 2 303.25 | *50* | 1 535.50 |

| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 4614 | HIV Ab - Rapid Test | 12 | 368.52 | 8 | 245.68 |
| 3959 | Rose Waaler Agglutination test | 4.5 | 138.20 | 3 | 92.13 |
| 3960 | Gonococcal, listeria or echinococcus agglutination | 9.5 | 164.60 | 6.3 | 109.16 |
| 3961 | Slide agglutination test | 2.63 | 80.77 | 1.75 | 53.74 |
| 3962 | Rebuck skin window | 5.4 | 165.83 | 3.6 | 110.56 |
| 3963 | Serum complement level: each component | 3.15 | 96.74 | 2.1 | 64.49 |
| 3965 | Anti Ia2 Antibodies | 36 | 624.70 | 24 | 416.47 |
| 3967 | Auto-antibody: Sensitised erythrocytes | 4.5 | 138.20 | 3 | 92.13 |
| 3968 | Herpes virus typing: Monoclonal immunological | 20.69 | 359.18 | 13.79 | 239.39 |
| 3969 | Western blot technique | 74 | 2 272.54 | 49 | 1 504.79 |
| 3970 | Epstein-Barr virus antibody titer | 6.75 | 117.18 | 4.5 | 78.12 |
| 3971 | Immuno-diffusion test: per antigen | 3.15 | 96.74 | 2.1 | 64.49 |
| 3972 | Respiratory syncytial virus (ELISA technique) | 35 | 607.10 | 23 | 398.95 |
| 3973 | Immuno electrophoresis: per immune serum | 9.45 | 290.21 | 6.3 | 193.47 |
| 3974 | Polymerase chain reaction | 75 | 1 301.10 | 50 | 867.40 |
| 3975 | Indirect immuno-fluorescence test (Bacterial. viral. parasitic) | 12 | 368.52 | 8 | 245.68 |
| 3977 | Counter immuno-electrophoresis | 6.75 | 207.29 | 4.5 | 138.20 |
| 3978 | Lymphocyte transformation | 51.7 | 1 587.71 | 34.5 | 1 059.50 |
| 3979 | SARS- COV-2 | 16.93 | 500.00 | 16.93 | 500.00 |
| 3980 | Bilharzia Ag Serum/Urine | 14.5 | 445.30 | 9.67 | 296.97 |
| | | | | | |
| 21.5 | **Skin tests** | | | | |
| 21.6 | **Biochemical tests: Blood** | | | | |
| 3991 | Abnormal pigments: qualitative | 4.5 | 138.20 | 3 | 92.13 |
| 3993 | Abnormal pigments: quantitative | 9 | 276.39 | 6 | 184.26 |
| 3995 | Acid phosphatase | 5.18 | 159.08 | 3.45 | 105.95 |
| 3996 | Serum Amyloid A | 8.28 | 254.28 | 5.52 | 169.52 |
| 3997 | Acid phosphatase fractionation | 1.8 | 55.28 | 1.2 | 36.85 |
| 3999 | Albumin | 4.8 | 147.41 | 3.2 | 98.27 |
| 4000 | Alcohol | 12.4 | 380.80 | 8.27 | 253.97 |
| 4001 | Alkaline phosphatase | 5.18 | 159.08 | 3.45 | 105.95 |
| 4002 | Alkaline Phosphatase-iso-enzymes | 11.7 | 359.31 | 7.8 | 239.54 |
| 4003 | Ammonia: enzymatic | 7.71 | 236.77 | 5.14 | 157.85 |
| 4004 | Ammonia: monitor | 4.5 | 138.20 | 3 | 92.13 |
| 4005 | Alpha-1-antitrypsin | 7.2 | 221.11 | 4.8 | 147.41 |
| 4006 | Amylase | 5.18 | 159.08 | 3.45 | 105.95 |
| 4007 | Arsenic in blood. hair or nails | 36.25 | 1 113.24 | 24.17 | 742.26 |
| 4008 | Bilirubin – Reflectance | 4.77 | 146.49 | 3.18 | 97.66 |
| 4009 | Bilirubin: total | 4.77 | 146.49 | 3.18 | 97.66 |
| 4010 | Bilirubin: conjugated | 3.62 | 111.17 | 2.41 | 74.01 |
| 4014 | Cadmium: atomic absorp | 18.12 | 556.47 | 12.08 | 370.98 |
| 4016 | Calcium: Ionized | 6.75 | 207.29 | 4.5 | 138.20 |
| 4017 | Calcium: spectrophotometric | 3.62 | 111.17 | 2.41 | 74.01 |
| 4018 | Calcium: atomic absorption | 7.25 | 222.65 | 4.83 | 148.33 |
| 4019 | Carotene | 2.25 | 69.10 | 1.5 | 46.07 |
| 4023 | Chloride | 2.59 | 79.54 | 1.73 | 53.13 |
| 4027 | Cholesterol total | 5.34 | 163.99 | 3.56 | 109.33 |

| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 4029 | Cholinesterase: serum or erythrocyte: each | 7.48 | 229.71 | 4.99 | 153.24 |
| 4030 | Cholinesterase phenotype (Dibucaine or fluoride each) | 9 | 276.39 | 6 | 184.26 |
| 4031 | Total CO2 | 5.18 | 159.08 | 3.45 | 105.95 |
| 4032 | Creatinine | 3.62 | 111.17 | 2.41 | 74.01 |
| 4033 | CSF-Immunoglobulin G | 9.45 | 164.00 | 6.3 | 109.33 |
| 4035 | CSF-Albumin | 9.45 | 290.21 | 6.3 | 193.47 |
| 4036 | CSF-IgG Index | 22.05 | 677.16 | 14.7 | 451.44 |
| 4040 | Homocysteine (random) | 15.3 | 469.86 | 10.2 | 313.24 |
| 4041 | Homocysteine (after Methionine load) | 18.1 | 555.85 | 12.06 | 370.36 |
| 4042 | D-Xylose absorption test: two hours | 13.15 | 403.84 | 8.75 | 268.71 |
| 4045 | Fibrinogen: quantitative | 3.6 | 110.56 | 2.4 | 73.70 |
| 4047 | Hollander test | 24.75 | 760.07 | 16.5 | 506.72 |
| 4049 | Glucose tolerance test (2 specimens) | 8.97 | 275.47 | 5.98 | 183.65 |
| 4050 | Glucose strip-test with photometric reading | 1.8 | 55.28 | 1.2 | 36.85 |
| 4051 | Galactose | 11.25 | 345.49 | 7.5 | 230.33 |
| 4052 | Glucose tolerance test (3 specimens) | 13.17 | 404.45 | 8.78 | 269.63 |
| 4053 | Glucose tolerance test (4 specimens) | 17.37 | 533.43 | 11.58 | 355.62 |
| 4057 | Glucose Quantitative | 3.62 | 111.17 | 2.41 | 74.01 |
| 4061 | Glucose tolerance test (5 specimens) | 21.56 | 662.11 | 14.37 | 441.30 |
| 4063 | Fructosamine | 7.2 | 221.11 | 4.8 | 147.41 |
| 4064 | Glycated haemoglobin: chromatography/HbA1C | 14.25 | 437.62 | 9.5 | 291.75 |
| 4066 | Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda | 46.88 | 813.60 | 31.25 | 542.34 |
| 4067 | Lithium: flame ionisation | 5.18 | 159.08 | 3.45 | 105.95 |
| 4068 | Lithium: atomic absorption | 7.48 | 229.71 | 4.99 | 153.24 |
| 4071 | Iron | 6.75 | 207.29 | 4.5 | 138.20 |
| 4073 | Iron-binding capacity | 7.65 | 234.93 | 5.1 | 156.62 |
| 4076 | Carboxy haemoglobin (6x per 24 hrs) | 19.1 | 586.56 | 12.73 | 390.94 |
| 4078 | Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb | 6.75 | 207.29 | 4.5 | 138.20 |
| 4079 | Ketones in plasma: qualitative | 2.25 | 69.10 | 1.5 | 46.07 |
| 4081 | Drug level-biological fluid: Quantitative | 10.8 | 331.67 | 7.2 | 221.11 |
| 4086 | Plasma Lactate | | | | |
| 4085 | Lipase | | | | |
| 4091 | Lipoprotein electrophoresis | 9 | 276.39 | 6 | 184.26 |
| 4093 | Osmolality: Serum or urine | 6.75 | 207.29 | 4.5 | 138.20 |
| 4094 | Magnesium: Spectrophotometric | 3.62 | 111.17 | 2.41 | 74.01 |
| 4096 | Mercury: Atomic absorption | 18.12 | 556.47 | 12.08 | 370.98 |
| 4105 | Protein electrophoresis | 9 | 276.39 | 6 | 184.26 |
| 4106 | IgG sub-class 1.2. 3 or 4: Per sub-class | 20 | 614.20 | 13.2 | 405.37 |
| 4109 | Phosphate | 3.62 | 111.17 | 2.41 | 74.01 |

| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 4111 | Phospholipids | 3.15 | 96.74 | 2.1 | 64.49 |
| 4117 | Protein: total | 3.11 | 95.51 | 2.07 | 63.57 |
| 4121 | pH. $pCO_2$ or $p0_2$ each | 6.75 | 207.29 | 4.5 | 138.20 |
| 4123 | Pyruvic acid | 4.5 | 138.20 | 3 | 92.13 |
| 4125 | Salicylates | 4.5 | 138.20 | 3 | 92.13 |
| 4126 | Secretin-pancreozymin responds | 26.1 | 801.53 | 17.4 | 534.35 |
| 4127 | Caeruloplasmin | 4.5 | 138.20 | 3 | 92.13 |
| 4128 | Phenylalannine: Quantitative | 11.25 | 345.49 | 7.5 | 230.33 |
| 4129 | Glutamate dehydrogenase (GDH) | 5.4 | 165.83 | 3.6 | 110.56 |
| 4130 | Aspartate amino transferase (AST) | 5.4 | 165.83 | 3.6 | 110.56 |
| 4131 | Alanine amino transferase (ALT) | 5.4 | 165.83 | 3.6 | 110.56 |
| 4132 | Cretine kinase (CK) | 5.4 | 165.83 | 3.6 | 110.56 |
| 4133 | Lactate dehidrogenase (LD) | 5.4 | 165.83 | 3.6 | 110.56 |
| 4134 | Gamma glutamyl transferase (GGT) | 5.4 | 165.83 | 3.6 | 110.56 |
| 4135 | Aldolase | 5.4 | 165.83 | 3.6 | 110.56 |
| 4136 | Angiotensin converting enzyme (ACE) | 9 | 276.39 | 6 | 184.26 |
| 4137 | Lactate dehydrogenase isoenzyme | 10.8 | 331.67 | 7.2 | 221.11 |
| 4138 | CK-MB: immunoinhibition/precipetation | 10.8 | 331.67 | 7.2 | 221.11 |
| 4139 | Adenosine deaminase | 5.4 | 165.83 | 3.6 | 110.56 |
| 4142 | Red cell enzymes: each | 7.8 | 239.54 | 5.2 | 159.69 |
| 4143 | Serum/plasma enzymes: each | 5.4 | 165.83 | 3.6 | 110.56 |
| 4144 | Transferrin | 11.7 | 359.31 | 7.8 | 239.54 |
| 4146 | Lead: atomic absorption | 15 | 460.65 | 10 | 307.10 |
| 4149 | Red cell magnesium | 11.7 | 203.20 | 7.8 | 135.47 |
| 4152 | CK-MB | 12.4 | 380.80 | 8.27 | 253.97 |
| 4153 | CK-MB: Mass determination: Quantitative (Not automated) | 17.47 | 303.28 | 11.65 | 202.24 |
| 4154 | Myoglobin quantitative: Monoclonal immunological | 12.4 | 380.80 | 8.27 | 253.97 |
| 4156 | Vitamin D3 | 12.42 | 215.50 | 8.28 | 143.67 |
| 4157 | Vitamin A-saturation test | 15.3 | 469.86 | 10.2 | 313.24 |
| 4158 | Vitamin E (tocopherol) | 3.6 | 110.56 | 2.4 | 73.70 |
| 4159 | Vitamin A | 6.3 | 193.47 | 4.2 | 128.98 |
| 4160 | Vitamin C (ascorbic acid) | 2.25 | 69.10 | 1.5 | 46.07 |
| 4161 | Trop T | 20 | 614.20 | 13.33 | 409.36 |
| 4171 | Sodium + potassium + cloride + C02 + urea | 15.84 | 486.45 | 10.56 | 324.30 |
| 4172 | ELIZA or EMIT technique | 12.42 | 381.42 | 8.28 | 254.28 |
| 4181 | Quantitative protein estimation: Mancini method | 7.76 | 238.31 | 5.17 | 158.77 |
| 4182 | Quantitative protein estimation: nephelometer | 8.28 | 254.28 | 5.52 | 169.52 |
| 4183 | Quantitative protein estimation: labelled antibody | 12.42 | 381.42 | 8.28 | 254.28 |
| 4184 | C-reactive protein (Ultra sensitive) | 11.68 | 203.00 | 7.79 | 135.39 |
| 4185 | Lactose | 10.8 | 331.67 | 7.2 | 221.11 |
| 4186 | Vitamin B6 | 15.3 | 265.30 | 10.2 | 176.87 |
| 4187 | Zinc: atomic absorption | 18.12 | 556.47 | 12.08 | 370.98 |
| 21.7 | **Biochemical tests: Urine** | | | | |
| 4188 | Urine dipstick, per stick (irrespective of the number of tests on stick) | 1.5 | 46.07 | 1 | 30.71 |
| 4189 | Abnormal pigments | 4.5 | 138.20 | 3 | 92.13 |
| 4193 | Alkapton test: homogentisic acid | 4.5 | 138.20 | 3 | 92.13 |
| 4194 | Amino acids: quantitative (Post derivatisation HPLC) | 78.12 | 2 399.07 | 52.08 | 1 599.38 |
| 4195 | Amino laevulinic acid | 18 | 552.78 | 12 | 368.52 |
| 4198 | Arsenic | 18.12 | 314.50 | 12.08 | 209.67 |
| 4199 | Ascorbic acid | 2.25 | 69.10 | 1.5 | 46.07 |
| 4201 | Bence-Jones protein | 2.7 | 82.92 | 1.8 | 55.28 |
| 4203 | Phenol | 3.6 | 110.56 | 2.4 | 73.70 |
| 4205 | Calcium: spectrophotometric | 3.62 | 111.17 | 2.41 | 74.01 |
| 4206 | Calcium: absorption and excretion studies | 25 | 767.75 | 16.7 | 512.86 |
| 4211 | Bile pigments: qualitative | 2.25 | 69.10 | 1.5 | 46.07 |
| 4213 | Protein: quantitative | 2.25 | 69.10 | 1.5 | 46.07 |
| 4216 | Mucopolysaccharides: qualitative | 3.6 | 110.56 | 2.4 | 73.70 |
| 4217 | Oxalate/Citrate: enzymatic each | 9.38 | 288.06 | 6.25 | 191.94 |

| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 4218 | Glucose: quantitative | 2.25 | 69.10 | 1.5 | 46.07 |
| 4219 | Steroids: chromatography (each) | 7.2 | 221.11 | 4.8 | 147.41 |
| 4223 | Creatinine clearance | 7.65 | 234.93 | 5.1 | 156.62 |
| 4227 | Electrophoreses: qualitative | 4.5 | 138.20 | 3 | 92.13 |
| 4229 | Uric acid clearance | 7.65 | 234.93 | 5.1 | 156.62 |
| 4230 | Urine/Fluid - Specific Gravity | 0.9 | 15.90 | 0.6 | 10.60 |
| 4231 | Metabolites HPLC (High Pressure Liquid Chromatography) | 37.50 | 1 151.63 | 25.00 | 767.75 |
| 4232 | Metobolites (Gaschromatography/Mass spectrophotometry) | 46.80 | 1 437.23 | 31.20 | 958.15 |
| 4233 | Pharmacological/Drugs of abuse: Metobolites HPLC (High Pressure Liquid Chromatography) | 37.50 | 1 151.63 | 25.00 | 767.75 |
| 4234 | Pharmacological/Drugs of abuse: Metobolites (Gaschromatography/Mass spectrophotometry) | 46.80 | 1 437.23 | 31.20 | 958.15 |
| 4237 | 5-Hydroxy-indole-acetic acid: screen test | 2.7 | 82.92 | 1.8 | 55.28 |
| 4238 | 5HIAA (Hplc) | 78.12 | 1 355.20 | 52.08 | 903.47 |
| 4239 | 5-Hydroxy-indole-acetic acid: quantitative | 6.75 | 207.29 | 4.5 | 138.20 |
| 4247 | Ketones: excluding dip-stick method | 2.25 | 69.10 | 1.5 | 46.07 |
| 4248 | Reducing substances | 1.8 | 55.28 | 1.2 | 36.85 |
| 4251 | Metanephrines: column chromatography | 22.05 | 677.16 | 14.7 | 451.44 |
| 4253 | Aromatic amines (gas chromatography/mass spectrophotometry) | 27 | 829.17 | 18 | 552.78 |
| 4254 | Nitrosonaphtol test for tyrosine | 2.25 | 69.10 | 1.5 | 46.07 |
| 4262 | Micro Albumin-Qualitative | 4.5 | 138.20 | 3 | 92.13 |
| 4263 | pH: Excluding dip-stick method | 0.9 | 27.64 | 0.6 | 18.43 |
| 4265 | Thin layer chromatography: one way | 6.75 | 207.29 | 4.5 | 138.20 |
| 4266 | Thin layer chromatography: two way | 11.25 | 345.49 | 7.5 | 230.33 |
| 4267 | Total organic matter screen: Infrared | 31.25 | 959.69 | 20.83 | 639.69 |
| 4268 | Organic acids: quantitative: GCMS | 109.38 | 3 359.06 | 72.92 | 2 239.37 |
| 4269 | Phenylpyruvic acid: ferric chloride | 2.25 | 69.10 | 1.5 | 46.07 |
| 4271 | Phosphate excretion index | 22.05 | 677.16 | 14.7 | 451.44 |
| 4272 | Porphobilinogen qualitative screen: urine | 5 | 153.55 | 3.33 | 102.26 |
| 4273 | Porphobilinogen/ALA: quantitative each | 15 | 460.65 | 10 | 307.10 |
| 4284 | Magnesium: atomic absorption | 7.25 | 222.65 | 4.83 | 148.33 |
| 4285 | Identification of carbohydrate | 7.65 | 234.93 | 5.1 | 156.62 |
| 4287 | Identification of drug: qualitative | 4.5 | 138.20 | 3 | 92.13 |
| 4288 | Identification of drug: quantitative | 10.8 | 331.67 | 7.2 | 221.11 |
| 4293 | Urea clearance | 5.4 | 165.83 | 3.6 | 110.56 |
| 4297 | Copper: spectrophotometric | 3.62 | 111.17 | 2.41 | 74.01 |
| 4298 | Copper: Atomic absorption | 18.12 | 556.47 | 12.08 | 370.98 |
| 4300 | Indican or Indole: Qualitative | 3.15 | 96.74 | 2.1 | 64.49 |
| 4307 | Ammonium chloride loading test | 22.05 | 677.16 | 14.7 | 451.44 |
| 4309 | Urobilonogen: quantitative | 6.75 | 207.29 | 4.5 | 138.20 |
| 4313 | Phosphates | 3.62 | 111.17 | 2.41 | 74.01 |
| 4321 | Uric acid | 3.62 | 111.17 | 2.41 | 74.01 |
| 4322 | Fluoride | 5.18 | 159.08 | 3.45 | 105.95 |
| 4323 | Total protein and protein electrophoreses | 11.25 | 345.49 | 7.5 | 230.33 |
| 4325 | VMA: quantitative | 11.25 | 345.49 | 7.5 | 230.33 |
| 4327 | Immunofixation: Total Protein, IgG, IgA, IgM, Kappa, Lambda | 46.88 | 1 439.68 | 31.25 | 959.69 |
| 4335 | Cystine: quantitative | 12.6 | 386.95 | 8.4 | 257.96 |
| 4336 | Dinitrophenal hydrazine test: ketoacids | 2.25 | 69.10 | 1.5 | 46.07 |
| 4337 | Hydroxyproline: quantitative | 18.9 | 580.42 | 12.6 | 386.95 |
| 21.8 | **Biochemical tests: Faeces** | | | | |
| 4343 | Fat: qualitative | 3.15 | 96.74 | 2.1 | 64.49 |
| 4345 | Fat: quantitative | 22.05 | 677.16 | 14.7 | 451.44 |
| 4347 | pH | 0.9 | 27.64 | 0.6 | 18.43 |
| 4351 | Occult blood: chemical test | 2.25 | 69.10 | 1.5 | 46.07 |
| 4352 | Occult blood (monoclonal antibodies) | 10 | 307.10 | 6.67 | 204.84 |
| 4357 | Potassium | 3.62 | 111.17 | 2.41 | 74.01 |
| 4361 | Stercobilin | 2.25 | 69.10 | 1.5 | 46.07 |
| 4363 | Stercobilinogen: quantitative | 6.75 | 207.29 | 4.5 | 138.20 |

| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 21.9 | **Biochemical tests: Miscellaneous** | | | | |
| 4370 | Vancomycin, Phenytoin, Theophylline | 12.4 | 380.80 | 8.27 | 253.97 |
| 4371 | Amylase in exudate | 5.18 | 159.08 | 3.45 | 105.95 |
| 4374 | Trace metals in biological fluid: Atomic absorption | 18.13 | 556.77 | 12.08 | 370.98 |
| 4375 | Calcium in fluid: Spectrophotometric | 3.62 | 111.17 | 2.41 | 74.01 |
| 4376 | Calcium in fluid: Atomic absorption | 7.25 | 222.65 | 4.83 | 148.33 |
| 4388 | Gastric contents: Maximal stimulation | 27 | 829.17 | 18 | 552.78 |
| 4389 | Gastric fluid: Total acid per specimen | 2.25 | 69.10 | 1.5 | 46.07 |
| 4393 | Saliva: Potassium | 3.62 | 111.17 | 2.41 | 74.01 |
| 4394 | Saliva: Sodium | 3.62 | 111.17 | 2.41 | 74.01 |
| 4395 | Sweat: Sodium | 3.62 | 111.17 | 2.41 | 74.01 |
| 4396 | Sweat: Potassium | 3.62 | 111.17 | 2.41 | 74.01 |
| 4397 | Sweat: Chloride | 2.59 | 79.54 | 1.73 | 53.13 |
| 4399 | Sweat collection by iontophoresis (excluding collection material) | 4.5 | 138.20 | 3 | 92.13 |
| 4400 | Triptophane loading test | 22.05 | 677.16 | 14.7 | 451.44 |
| 21.10 | **Cerebrospinal fluid** | | | | |
| 4401 | Cell count | 3.45 | 105.95 | 2.3 | 70.63 |
| 4407 | Cell count. protein. glucose and chloride | 7.65 | 234.93 | 5.1 | 156.62 |
| 4416 | Sodium | 3.62 | 111.17 | 2.41 | 74.01 |
| 4417 | Protein: Qualitative | 0.9 | 27.64 | 0.6 | 18.43 |
| 4421 | Clucose | 3.62 | 111.17 | 2.41 | 74.01 |
| 4423 | Urea | 3.62 | 111.17 | 2.41 | 74.01 |
| 4424 | HLA test for specific allele DNA-PCR | 36 | 624.70 | 24 | 416.47 |
| 4426 | HLA typing low resolution Class I DNA-PCR per locus | 100 | 1 734.90 | 67 | 1 162.38 |
| 4427 | HLA typing low resolution Class II DNA-PCR per locus | 74 | 1 283.90 | 44 | 855.36 |
| 4428 | HLA typing high resolution Class I or II DNA-PCR per locus | 66 | 1 145.76 | 56.2 | 763.84 |
| 4429 | Quantitative PCR (DNA/RNA) | 84.3 | 1 052.90 | 16.67 | 701.93 |
| 4430 | Recombinant DNA technique | 25 | 433.30 | 23.33 | 288.92 |
| 4431 | Ribosomal RNA targeting for bacteriological identification | 35 | 607.10 | 50 | 404.68 |
| 4432 | Ribosomal RNA amplification for bacteriological identification | 75 | 1 301.10 | 16.67 | 867.40 |
| 4433 | Bacteriological DNA identification (LCR) | 25 | 433.30 | 50 | 288.92 |
| 4434 | Bacteriological DNA identification (PCR) | 75 | 2 303.25 | 50 | 1 535.50 |
| 4439 | Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc. | 150 | 2 602.10 | 100 | 1 734.73 |

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| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 21.12 | **Isotopes** | | | | |
| 4451 | HCG: Monoclonal immunological: Quantitative | 12.4 | 380.80 | 8.27 | 253.97 |
| 4452 | Bone-Specific Alk. Phosphatase | 20 | 614.20 | 13.33 | 409.36 |
| 4458 | Micro-albuminuria: radio-isotope method | 12.42 | 381.42 | 8.3 | 254.89 |
| 4459 | Acetyl choline receptor antibody | 158.12 | 4 855.87 | 105.41 | 3 237.14 |
| 4460 | CA-199 tumour marker | 20 | 347.00 | 13.33 | 231.28 |
| 4462 | CA-125 tumour marker | 20 | 347.00 | 13.33 | 231.28 |
| 4463 | C6 complement functional essay | 45 | 1 381.95 | 30 | 921.30 |
| 4466 | Beta-2-microglobulin | 12.42 | 381.42 | 8.28 | 254.28 |
| 4468 | CA-549 | 20 | 347.00 | 13.3 | 230.76 |
| 4469 | S-S100 | 20 | 614.20 | 13.33 | 409.36 |
| 4470 | CA-195 tumour marker | 20 | 347.00 | 13.33 | 231.28 |
| 4471 | Carcino-embryonic antigen | 20 | 347.00 | 13.33 | 231.28 |
| 4472 | MCA antigen tumour marker | 20 | 347.00 | 13.33 | 231.28 |
| 4473 | TSH Receptor Ab | 17.48 | 303.40 | 11.65 | 202.21 |
| 4475 | CA-724 | 20 | 347.00 | 13.33 | 231.28 |
| 4478 | Osteocalcin | 31.4 | 545.00 | 20.93 | 363.28 |
| 4479 | Vitamin B12-absorption: Shilling test | 11.7 | 359.31 | 7.8 | 239.54 |
| 4480 | Serotonin | 18.75 | 575.81 | 12.5 | 383.88 |
| 4482 | Free thyroxine (FT4) | 17.48 | 536.81 | 11.65 | 357.77 |
| 4484 | Thyroid profile (only with special motivation) | 37.8 | 1 160.84 | 24.72 | 759.15 |
| 4485 | Insulin | 12.42 | 381.42 | 8.28 | 254.28 |
| 4486 | C-Peptide | 12.42 | 215.50 | 8.28 | 143.67 |
| 4487 | Calcitonin | 18.9 | 327.90 | 12.6 | 218.60 |
| 4488 | NT Pro BNP | 47.04 | 1 444.60 | 33.35 | 1 024.18 |
| 4490 | Releasing hormone response | 50 | 867.50 | 33.35 | 578.62 |
| 4491 | Vitamin B12 | 12.42 | 381.42 | 8.28 | 254.28 |
| 4492 | Vitamin D3: Calcitroil (RIA) | 75 | 310.50 | 50 | 207.00 |
| 4493 | Drug concentration: quantitative | 12.42 | 381.42 | 8.28 | 254.28 |
| 4494 | Free hormone assay | 17.48 | 303.40 | 11.65 | 202.21 |
| 4496 | Hormone concentration: Quantitative | 12.42 | 215.50 | 8.28 | 143.67 |
| 4497 | Carbohydrate deficient transferrin | 29.06 | 892.43 | 19.37 | 594.85 |
| 4499 | Cortisol | 12.42 | 381.42 | 8.28 | 254.28 |
| 4500 | DHEA sulphate | 12.42 | 381.42 | 8.28 | 254.28 |
| 4507 | Thyrotropin (TSH) | 19.6 | 601.92 | 13.07 | 401.38 |
| 4509 | Free tri-iodothyronine (FT3) | 17.48 | 536.81 | 11.65 | 357.77 |
| 4511 | Renin activity | 18.9 | 580.42 | 12.6 | 386.95 |
| 4512 | Parathormone | 17.08 | 296.30 | 11.39 | 197.59 |
| 4515 | Aldosterone | 12.42 | 215.50 | 8.28 | 143.67 |
| 4516 | Follitropin (FSH) | 12.42 | 381.42 | 8.28 | 254.28 |
| 4517 | Lutropin (LH) | 12.42 | 381.42 | 8.28 | 254.28 |
| 4522 | Alpha-Feto protein | 12.42 | 381.42 | 8.28 | 254.28 |
| 4523 | ACTH | 21.74 | 667.64 | 14.49 | 444.99 |
| 4527 | Gastrin | 12.42 | 381.42 | 8.28 | 254.28 |
| 4528 | Ferritin | 12.42 | 381.42 | 8.28 | 254.28 |
| 4530 | Antiplatelet antibodies | 15.3 | 469.86 | 10.2 | 313.24 |
| 4531 | Hepatitis: per antigen or antibody | 14.49 | 444.99 | 9.66 | 296.66 |
| 4532 | Transcobalamine | 12.42 | 381.42 | 8.28 | 254.28 |
| 4533 | Folic acid | 12.42 | 381.42 | 8.28 | 254.28 |
| 4536 | Erythrocyte folate | 17.48 | 536.81 | 11.65 | 357.77 |
| 4538 | Procalcitonin: Qualitative | 32 | 982.72 | 21.33 | 655.04 |
| 4539 | Procalcitonin: Quantitative | 46 | 1 412.66 | 30.67 | 941.88 |
| 21.13 | **After hour service and travelling fees (applicable to pathologists only)** | | | | |
| | **Miscellaneous** | | | | |
| 4544 | Attendance in theatre | 27 | 829.17 | | - |
| 4549 | Minimum fee for after hour service | 6.3 | 193.47 | | - |

| | | Pathologist | | Other Specialists and General Practioners | |
|---|---|---|---|---|---|
| A | A | U | R | U | R |
| 22. | **ANATOMICAL PATHOLOGY**<br><br>The amounts in this section are calculated according to the **Anatomical Pathology** unit values | | | | |
| 22.1 | **Exfoliative cytology** | | | | |
| 4561 | Sputum and all body fluids: First unit | *13.4* | **406.02** | *8.9* | **269.67** |
| 4563 | Sputum and all body fluids: Each additional unit | *7.8* | **236.34** | *5.2* | **157.56** |
| 4564 | Performance of fine-needle aspiration for cytology | *15* | **454.50** | | |
| 22.2 | **Histology** | | | | |
| 4567 | Histology per sample/specimen each | *20* | **606.00** | *13.3* | **402.99** |
| 4571 | Histology per additional block each | *11.6* | **351.48** | *7.7* | **233.31** |
| 4575 | Histology and frozen section in laboratory | *22.7* | **687.81** | *15.1* | **457.53** |
| 4577 | Histology and frozen section in theatre | *90* | **2 727.00** | *60* | **1 818.00** |
| 4578 | Second and subsequent frozen sections, each | *20* | **606.00** | *13.4* | **406.02** |
| 4579 | Attendance in theatre - no frozen section performed | *26.3* | **796.89** | *17.5* | **530.25** |
| 4582 | Serial step sections (including 4567) | *23.3* | **705.99** | *15.6* | **472.68** |
| 4584 | Serial step sections per additional block each | *13.5* | **409.05** | *9* | **272.70** |
| 4587 | Histology consultation | *10.1* | **306.03** | *6.7* | **203.01** |
| 4589 | Special stains | *6.7* | **203.01** | *4.5* | **136.35** |
| 4591 | Immuno-fluorescence/studies | *20.7* | **627.21** | *13.8* | **418.14** |
| 4593 | Electron microscopy | *94* | **2 848.20** | *63* | **1 908.90** |
| 4650 | Autogenous vaccine | *8* | **242.40** | *5.33* | **161.50** |

| | | Specialist | | General practitioner | |
|---|---|---|---|---|---|
| | | U | R | U | R |
| | **IV. TRAVELLING EXPENSES** | | | | |
| | **Refer to General Rule P** | | | | |
| **P.** | **Travelling fees**<br>(a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if more than 16 kilometres in total had to be travelled<br>(b) If more than one patient are attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients<br>(c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms<br>(d) Where a practitioner's residence is more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled)<br>(e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled) | | | | |
| | **When in cases of emergency (refer to general rule P), a doctor has to travel more than 16 kilometres in total to visit an employee, travelling costs can be charged and shall be calculated as follows** | | | | |
| | **Consultation, visit or surgical fee PLUS** | | | | |
| **5001**<br>**5003** | Cost of public transport and travelling time or item 5003<br>R4.12 per km for each kilometre travelled in own car: 19 kmtotal = 19 x R4.12 = R78.28 (no travelling time) | | | | |
| | **Travelling time (Only applicable when public transport is used)** | | | | |
| **5005** | Specialist 18,00 clinical procedure units per hour or part thereof | *18* | **531.00** | | |
| **5007** | General Practitioner: 12,00 clinical procedure units per hour or part thereof | | | *12* | **354.00** |
| **5009** | After hours: Specialist: 27,00 clinical procedure units per hour or part thereof | *27* | **796.50** | | |
| **5011** | After hours: General Practitioners: 18,00 clinical procedure units per hour or part thereof | | | *18* | **531.00** |
| **5013** | Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them | | | | |

| | | Specialist | | General practitioner | |
|---|---|---|---|---|---|
| | | U | R | U | R |
| 5015 | Travelling expenses may be charged from the medical practitioner's residence for calls received at night or during weekends in cases where travelling fees are allowed | | | | |

**COIDA Tariff for Medical Practitioners**

**THE UNIT VALUES FOR THE VARIOUS GROUPS AND SECTIONS AS FROM 1 APRIL 2023 ARE AS FOLLOWS:**

| | Groups and Sections | Unit Value |
|---|---|---|
| 1. | Consultation Services codes 0146 & 0109 | R 29.50 |
| | Consultation Services: codes 0181; 0182; 0183, 0184, 0186, 0151 | R 30.05 |
| | | |
| 2. | Clinical procedures | R 29.50 |
| 3. | Anaesthetics | R 137.86 |
| 4. | Radiology & MRI | R 30.86 |
| 5. | Radiation Oncology | R 32.46 |
| 6. | Ultrasound | R 29.15 |
| 7. | Computed Tomography | R 29.65 |
| 8. | Clinical Pathology | R 30.71 |
| 9. | Anatomical Pathology | R 30.30 |
| 10 | 5 Digit Radiology ( SP ) | R 201.23 |

**Note** : The unit value and amounts published in the tariff is **VAT Exclusive**

**SYMBOLS USED IN THIS PUBLICATION**

| | |
|---|---|
| • | Per service (specify) |
| ß | Per service |
| Φ | Per consultation |
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